0.5	MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	01338 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01334
HEALTH DEPT.	MEDICAL EXAMINER 5 CERTIFICATE OF DEATH	
	(Type or Print) OF ESTI-	Day Yeor 2b. HOUR
y is 3 to age	Ruth Lillian Danser DEATH MATED 1-5-6	
3. P	lost birthdoy) MONTHS DAYS HOURS MIN. Month Day	Year 20 Zd. HOUR
any delay is 2, and 3 ta PM3. Page partment af	Female White 9-29-1891 77 YRS. WORLD AND 1-5-68	1910:55pm
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TO DEPUTY SICA Necessary, please e. the funeral director. S may be retained for FUNERAL DIRECTION Health priar to bu	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, ar county)	
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10M REV. 1/68	Warner E. Pumphrey, Inc. 8434 Good Georgia Ave DATE AN 13 1969. Actions	as Quedat

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tach Dept		While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street or R.F.D.	No. City or Town	County Stote
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TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior ta		NAME (Type) D. B.	Cameron, M.D.			
J FUNERAL DIRECTOR: After this certif director, page 3 shauld be detached shauld be filed with the State Dept. of	23a.	BURIAL, CREMATION, 23b. D	e	CEMETERY OR CREMATORY	23d. LOCATION (City ar Tawn)	(County) (State)
2 5 2 V		REMOVAL (Specify) Burial 1/	4/6 69 Mt.(Dlivet Cemetery	Washington,	
VR A15 (4)	-	FUNERAL DIRECTOR	Jergen D. 317		D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE CALLED
45M - 1/69	J	asTRyan, Inc.	Andre 211	Pa.Ave, SE DATE	MAN 6 1969 ACC	aries Judge

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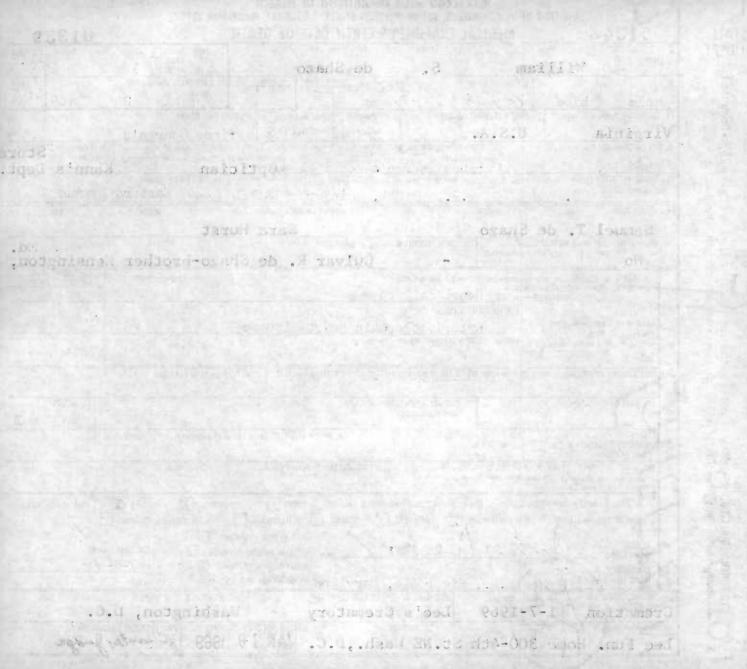
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01337 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) OF ESTI-Page Walter 192: BODM M DeHaven DEATH MATED 11-4-69 delay and 3 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR M3. Month 1-14-1940 28 192:30pm M Male White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) West Va USA WIDOWED [DIVORCED [State Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 24 haurs after deatl alang wit give street oddress) during most of working life, even if retired.) industry construction with the Prince George Hospital Cheverly 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER demission) STATE George's Hyattsville YES NO 5355 Quincy Street and 2 tem after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Violet B Price Ernest De Haven haurs pages within Chief Medical Examine 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) Joseph E De Haven Georgia. Marietta File within APPROXIMATE INTERVAL executed 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: permit. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Gun shot wound of left upper chest event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate cause (a). certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 4 shauld be farwarded to the .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 OS ar removal, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES X NO pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 shauld PRIMARY OR CONTRIBUTING EXAMINER: crematian, 11:50mm 1-3- 169 Shot by police 21f, LOCATION Street of R.F.D. No. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE Parking lot of Safeway, 51st. Ave, Bladensburg, Md. 22a. I certify that I took charge of the remains described above, held an Autopsy [X]. Inspection X. Inquiry [ond in my opinion director. death resulted fram: Marural cayses Accident . Suicide Mamicide Mundetermined manner please CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 may b TO FUNER Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) John Kehoe MD Riverdale. Md the 230. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Jan 9, 1969 Laeger Memorial Cemetery Roderfield Mcdowell West Va. Burial ADDRESS 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Fa Gasch's Sons marker Judge "yattsville Md 1969 VR A15ME (5) 10M REV. 1/68

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OR ATTEND be retained DIRECTOR: A je 3 shauld ed with the			220. SIGNATURE	A ROX	Men on DEC	REE PHYS.	MED. DIRECTOR	STAFF PHYS.	1/9/19	969
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FOR STATE		01343 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01339
HEALTH DEPT.		DECEASED NAME First Middle Last 2a. DATE KNOWN X Month	Day Yeor 2b HOUR
oy is 3 to Poge ant of	((Type or Print) William S. de Shazo DEATH MATED 1	2 1969 p N
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NER cer hou iles. sho	MEDICAL	CAUSE OF DEATH P.M. 19	Caunty State
	-	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City ar Town	county 3101e
cessary, please execute the certice function director. Page 4 should may be retoined far your files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremotion,		22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection X, Inquiry X	l and in my aninian
ICAL E) e execut tor. Pog ed far) CTOR: P burial,		death resulted fram: Natural causes, XX, Accident , Suicide , Homicide , Undetermined manner	
JIY SICA		CHIEF MEDICAL EXAMINER	
ry, ple erol di be retu RAL DI prior	10	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE	SIGNED
Sary Inergany BERA	3	EXAMINER'S DEPUTY MEDICAL EXAMINER X 1-4	-69
TO DEPUTY necessary, p the funerol 5 may be r TO FUNERAL Health prio		NAME (Type) John Kehoe M.D., Riverdale, Maryland ADDRESS(Street, city, town, or county)	
10 10 10 10 10		BURIAL, CREMATION, / 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
		remation / 1-7-1969 Lee's Crematory Washington, D	• U •
VR A15ME (5)		ee Fun. Home 300-4th St. NE Wash. D.C. JAN 10 1969 Charles	Jorden.
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PU	DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARTLAND 21201	340
FOR STATE	01344 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3411
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth Do	y Year 2b. HOUR
is of of		69 195:25 pm
ny deloy is 2, ond 3 to PM3. Poge	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I F UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOLINGED DEAD	24 HOU
del 33.	Male last birthday) Months Days Hours Min. Month Doy	Vace
PN PN	Male White 4-25-1941 27 YRS. 1 13' 6' 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	9 5:25 pm
- E 8	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Poges vith form	Country Washington D C U S A WIDOWED □ DIVORCED ☑ Prince George's	N
death. e Poge with f	TIV. CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL OR INSTITUTION (IT not in hospital 12g, USUAL OCCUPATION (Kind of work done 12b	KIND OF BUSINESS OR
w de de	give street oddress) Cheverly Prince George Hospital during most of working life, even if retired.) IND Self employed	USJRY Lile
五年11	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
With death.	odneission) TATE 13b. COUNTY Prince George's Lanham YES NO 6024 Telegraph :	Road
hin 24 hours after death. Sny de nail in Item 18. Ove Poges 1, 2, oncainer's Office along with form PM3 poges land 2 with the State Departments ofter death.	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
4 4 0 D P	Joseph L DiGiulian Helen Marie Schlegel	2031
hin 24 ncil in I niner's poges I hours (16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	34
within pencil xamine ile pog	(Yes, no, or unknown) (If yes give war or dates of service) 212 79 7960 Locanh I Di Giulian Ianham	Md.
l with pe Exan Exan File		
should be executed e word "pending" in o the Chief Medical E ouriol-transit permit. F in ony event within	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
xecuted nding" ir Medical I permit. I	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain abscess, left parietal, occipital	
Me Me	DUE TO, OR AS A CONSEQUENCE OF Psudomonas aeroginosa	
be "pe iief insi	Conditions, if any, which gave)	
ony	rise to immediate cause (a), (b) DEDIESSED SKUTT TRACTURE Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF Trauma	
should be e ie word "per o the Chief I buriol-transit	lost.	
e she the point of it is the purity of the p	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate should be executed within 24 icate, writing the word "pending" in pencil in be farwarded to the Chief Medical Examiner's d be used as o buriol-transit permit. File pages or removol, and in any event within 72 hours	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ritir ritir ritir rard and a vol,	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
certif arwari used movo	WAS PERFORMED?	THE PERSON NAMED IN COLUMN
This icate, be fa d be u	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature at-injury in Part, 1 or Part, 2, 1em)	AEZ 🔀 NO 🗌
# 7 9		18.)
e certif e certif should files. 3 shaulc ation, c	CAUSE OF DEATH 11:30 WM 10-14- 19 68 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	EX
AIN sh sh mat mat mat	I ≥ IZId. INJURY U((IRRE)) I 21a PIACE DE INJURY (At home form street 21f IDCATION Street or P.E.D. No. City or Town	ounty State
EXAMINER: cute the certiage 4 should ryaur files. Poge 3 shaull, cremation,	AT WORK AT WORK ITYING Street N.W., Washington, D.C.	
DEPUTY COLCAL EXAM stessary, please execute the funeral director. Page 4 may be retained for yaur FUNERAL DIRECTOR: Page eolth' prior to burial, crem	22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀, Inspection 🔀, Inquiry 🗍,	and in my opinion
ex ex d f f f f f f f f f f f f f f f f f f	deoth resulted fram: Notyfal causes , Acydent , Suicide , Hamicide , Undetermined manner	
Se sect ect ect ect ect ect ect ect ect ect		
dir dir	ACTUAL CHIEF MEDICAL EXAMINER C	IFD.
TY.	SIGNATURE M.D. ASSISIANI MEDICAL EXAMINER 220. DATE SIGN	
Pure sar	EXAMINER'S DEPUTY MEDICAL EXAMINER 1-14	-69
O DEPUTY necessary, p the funeral 5 may be re O FUNERAL Health prior	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
TO DEPUTY SICAL EX. necessary, please execute the funeral director. Page 5 may be retained for yo TO FUNERAL DIRECTOR: Po Heolth' prior to burial, or	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Control of Control of	unty) (State)
	Burial Jan 17, 1969 Ft Lincoln Cemetery Colmar Manor Fro	Geo Md.
00	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	ATURE
VR A15ME (5)	F. Gasch's ons Hyattsville, Md. DATJAN 17 1969 flore) Judge

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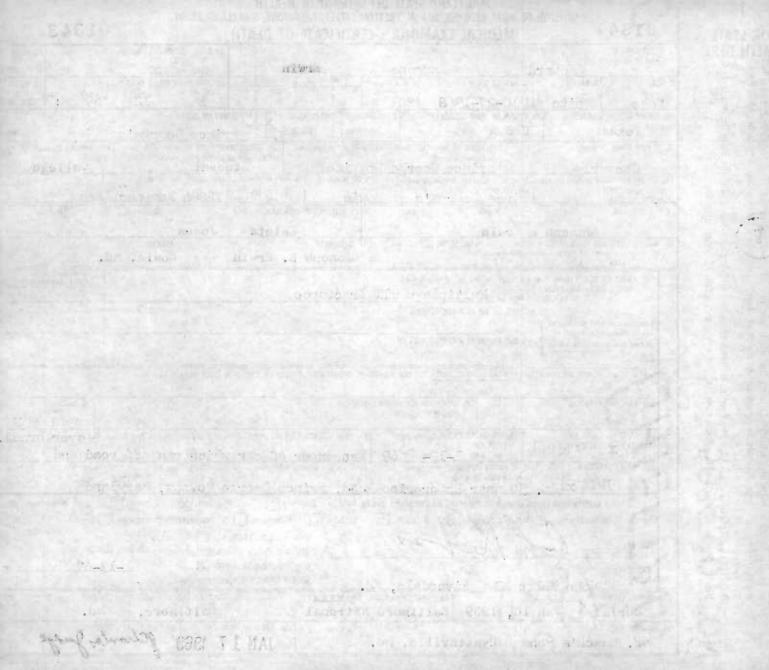
1 14	Items 7a&b FilmGlos MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
STATE	2/5/69 kk 01345 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1
DEPT.	. DECEASED-NAME First Middle Last 20. DATE KNOWN Manth Day Ye	ar 2b. HOUR
-Jo	(Type or Print) Robert Rosevelt Edmonds OF ESTI- DEATH MATED I 1-25-69	92:15am
	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 14 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
X	Male Negro 26 July 1942 26 yrs. Months Days Hours Min. 1 Annth Day 69 19	3:42am
1	o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	7.1
1	Lynchburg, S.C. USA WIDOWED DIVORCED Prince George's	N.
	D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g, USUAL OCCUPATION (Kind of work done 12b, KIND OF	BUSINESS OR
14	Cheverly Prince George Hospital	
	36. USUAL RESIDENCE (Where deceased lived, if institution: Residence before T3c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER	
+7	Districe of Columbia Washington YES NO 1250 Holbrook Terr.	N.E.
3	1. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First - Middle	Last
	TO WAS DECEASED EVER IN U.S. ARMED FORCES? 1666 SOCIAL SECURITY NOT 17 INFORMANT ADDRESS OF THE SOCIAL SECURITY NOT 17 INFORMANT	renda
	(Yes, no, or unknown) (If yes give wor or dates of service) (16). SOCIAL SECURITY NO. (17). INFORMANT ADDRESS October 2 and 12) in the second service)	
		CIMATE INTERVAL
	BETWEEN CAUSE OF DEATH (Erner only one couse per line for (o), (b), and (c).)	ONSET AND DEATH
	IMMEDIATE CAUSE (a) 1 effect acting guit shock would of head and chest hithree	ites
	DUE TO, OR AS A CONSEQUENCE OF	
	rise to immediate cause (a), (b)	
	last.	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
	[[[[[[[[[[[[[[[[[[[
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUI YES 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18)	OPSY?
	WAS PERFORMED? YES	NO 🗌
	CAUSE OF DEATH 2:10am 1-25- 1969 Shot during altercation	4,111
		aryland
	AT WORK Rear lot of Jones Tavern, 1403 Percy St. Glen Arden, Prince Ge	30. Co.
	22a. I certify that I fook charge at the remains described above, held an Autopsy [X], Inspection [X], Inquiry [], and i	n my opinio
	deoth resulted fram: Natural causes 🗐, Accident 🔲, Suicide 🔲, Hamicide 🗷, Undetermined manner 🗌	
	ACTUAL CHIEF MEDICAL EXAMINER CONTROL STATE SIGNED	
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE SIGNED	
}	EXAMINER'S NAME (Type) ADDRESS (Street, city, town, or county)	1
1	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS (Street, city, town, or county) 3a. BURIAL, CREMATION. 23b. DATE 23c. NAME/OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town) (Caunty)	(State)
	REMOVAL (Specify) 1-31-49 (County)	96
	4. FUNERAL DIRECTOR WILLIAM S ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	* ~.~
	Funcial Hamil 3435-14-5/Mil) ONAN 31 1969 junes you	ar.

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	71-1				MARYLAND SI		IMENI OF HEAL			10-11-1
for				IVISION OF VII				RE, MARYLAND 2120		
			01346	1/1/		IFICATE O	F DEATH		01342	
#	42 - H		CEASED-NAME First	2.	Middle & mory	lost	20.	DATE OF DEATH Month	Dov- Yeor / S	2b. HOUR
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death a hospital or attending physician	filed in by the funerol pepers. Pages 1 and 2 hin 22 hours after death			9660K	XX,	2/18	.11	Month,	00120 1001 67	7130P
ffer	fu fter	3. SE		4. RACE	1.11	S. DATE OF		6. AGE (In years lost birthdoy)		IF UNDER 24 HRS.
s a	ages rs aft		Male		White	0	7-18-1898	70 Y	rs.	
THOU THE	by how	70. 1	IRTHPLACE (Stote or foreign 7b	. CITIZEN OF WHAT	14/14	RRIED 🔲 NEVER A		UNTY OF DEATH		0
24	in Z		WASH. D.C.	451		Married World		PRINCE DI	eorges.	Co. M
<u>.</u> = .		10. (TY OR TOWN OF DEATH	11. NAME	OF HOSPITAL OR INSTITUTION	ON (If not in hospite	ol 120. USUAL OCC	UPATION (Kind of work do working life, even if retire	ne (1/12b, KIND OF BL	JSINESS OR
± ₹	nplerer corbon ven, wil		Lypts ville	NVA	attsville 1	Juesing	Nome (as	shier	Evening	Star
Je -	聖 5 / /		USUAL RESIDENCE (Where deceosed ssion) STATE	lived, if institution:			13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		1
ţ,	N S S S S S S S S S S S S S S S S S S S	Odin	saion) STATE ///d.	13b. Countipre	. Georgeskiv.		YES ON O	6305 K	SANOKE F	108
ex	by the ottending physician and completed transit permit. Then please remove concremation, or removal, and in any event	14. 1	ATHER'S NAME First	Middle	Last	IS. MOTHER'S	MAIDEN NAME First	poologoo Middle	Louise, My	eller
pe	Se din d		JAMES	/hom A			A SOCKOECK	PERS PORTUDOS	e solveto	×
tote	physician ten pleose oval, ond i	160.	WAS DECEASED EVER IN U.S. ARMED es, no, of unknown) (If yes give war a	r dates of service)	o. SOCIAL SECURITY NO.	17. INFORMANT		Addres	Hyattsvil	le, Ma
#	phy:		No	5	78-10-2068	Mildr	ed Ellett	3605 Gallati	in Street	
e e	ottending propermit. The ion, or remo		18. CAUSE OF DEATH (Enter only	v/		1 /	p -		APPROXIMA BETWEEN ONS	ATE INTERVAL SET AND DEATH
eath	nit.		PART 1. DEATH WAS CAUSED B		yocardia	1 m/a	scron		5 m	m
e q	offe on,	1	4109	DUE TO, OR AS A	CONSEQUENCE OF	+	,	1		
±	the natio		conditions, if only, which gove	(b) A1!	lesischer	The e	ardes pa	scular des	earl 84	lars
of E	by rran cren		stating the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF		T. Contract		0	
The law requires the	signed by the ottendii burial-transit permit. burial, cremation, or re		lost.	{c}						
in de	signed burial-l burial,		PART 2. OTHER SIGNIFICANT CONDI	IONS CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1(o)		
×	been s the ior to	NO								
pl e	s bos os os	S	196. DATE OF OPERATION 196. CO	IDITION FOR WHICH	OPERATION WAS PERFORM		UTOPSY?	20b. IF YES, WERE FINDIN CAUSES OF DEATH?	GS CONSIDERED IN CER	TIFYING
F F		CERTIFICATION				YES				Marine State of the State of th
AN:	□ = 0		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. M	URY Nonth Doy Yeor	21c. HOW INJURY	OCCURRED (Enter natur	re of injury in Port 1 or Por	t 2, Item 18.)	
SICL	o de E	MEDICAL	(If either, notify medical examiner	P.M.	19					
ING PHYSICIAL by the hospital	ECTOR: After this certification of the State Dept. o	×	21d. INJURY OCCURRED 21e. PL. While Not while	ACE OF INJURY (AT I	HOME, FARM, STREET, FACTORY.)	21f. LOCATION S	treet or R.F.D. No.	City or Town	County	Stote
2 t	det de b		at work ot work							
	Stat		22a. I certify that (I) (this- saw the deceased aliv	nespital) attend	ed the deceased fro	m Oc	1968	ta Jan 20,	19 <u>69</u> , that (i) (we) las
OR ATTENDING	DIRECTOR: After as should be a led with the State	112	couses stated above, (1) (year) (diet) (die	nat) view the bady	_, and marin ofter death.	(my) (per) opinion	death occurred on the	aare and nour of	na trom in
A Table	CTOR: A shauld with the		22b. SIGNATURE	11	1		514 PH 5		22c. DATE SIGNED	
98	d & BE		MAHATA	70206	mil	DEGREE PHYS	NDING MED.	OR PHYS.	180 21,	1969
AL N	AL DIR page 3		22d. PHYSICIAN'S	1	7878	22e. i	ADDRESS			, ,
PIT	ERAI or, p		NAME (Type) Dr. Wa	lter Gooz	ch	2	309 Sharefi	eld Road, W	reaton, Ma	ryland
O HOSPITAL	o FUNERAL director, pa	230.	BURIAL, CREMATION, 23b. DA		23c. NAME OF CEMETE	RY OR CREMATOR	Y 23d.	. LOCATION (City or Town)	(County)	(Stote)
TO HOSPITAL	るもま	1	REMOVAL (specify) 4-23	-1969	3t. Linco	In Ceme	tery F	rince George	es. Marylan	nd
	VRAGANO	24	EMILERAL DIRECTOR C.GL	en Carter			Ma 250. RECID BY REG			AP
	30M REV 1/68	1	larner E. Pumphr	ey, 9nc.	8434 Georgi	a Huennu	DATE	1300	Land House	

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10	and the second	

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01343 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month Year 2b. HOUR (Type or Print) ESTI-Poge Eugene Erwin Edward DEATH MATED X delay lond 2 with the State Department 4. RACE 6. AGE In years IF UNDER 1 YEAR IF LINDER 24 HRS 3. SEX S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 2, dh. PM3. 198:20 pm M Male White 10-27-1948 20 YRS 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH olong with form country) Texas II S A WIDOWED [DIVORCED T Prince George's 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address INDUSTRY College Prince George Hospital Cheverly Student 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Mary Land Prince George's YES NO 12804 Kempner Lane Bowie 14. FATHER'S NAME Middle First 15. MOTHER'S MAIDEN NAME Middle hours Joseph L Erwin Zoleta Jones 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, no. or unknown) (If was give war or dates of service) Joseph L. Erwin Bowie. Md. File no APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple skull fractures DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if any, which gove rise to immediate cause (a). certificate should writing the word DUF TO, OR AS A CONSEQUENCE OF stating the underlying couse . = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 05 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES 🗍 NO IX pe 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) overturned. 3 should 1 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Yeor PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: Passenger of car which ran off read and CAUSE OF DEATH 7-12- 1969 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. State factory, office building, etc.) 50 near Enterprise Road. Prince George County, Maryland burial 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection X. Inquiry , and in my apinian death resulted fram: A Accident X Suicide [Hamicide National causes Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1-13-69 DEPUTY MEDICAL EXAMINER FYAMINER'S 5 may ro FUNE Heolth NAME (Type) ADDRESS(Street, city, town, or county) Kehoe MD Riverdale. 23c. NAME OF CEMETERY OR CHEMATORY 23g. BURIAL CREMATION 23d. LOCATION (City or Town) (County) Baltimore National Jan 16, 1969 Baltimore. Md. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR Hyattsville, Md. VR A15ME (5) F. Gasch's Cons 1969



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70)	Items 1,7a,16a & 17 MARYLAND STATE DEPARTMENT OF HEALTH FILMGLOS 1, DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	FilmGh08 1/25/360 OF WINE RELOKES 130 W PRESIDENTIFICATE OF DEATH	01345
HEALTH DEPT.	1. DECEASED-NAME First Thomas Middle Last 2a. DATE KNOWN Month (Day Year 2b. HOUR
ay is 3 ta Page ent af		69 19 N
arh. any delay oges 1, 2, and 3 ith farm PM3. Pa	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years less birthday) MONTHS DAYS HOURS MIN. MONTHS DAYS HOURS MIN. MONTHS DAYS	2d. HOUR
y delice, and PM3.	Male White 1 Nov. 1932 36 YRS 1 5 00 0	69 194:40pm M
n 2, 2, 2, be po	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
fer far	(Sentry) Maryland USA WIDOWED DIVORCED Prince George's	M
Page ea	give street oddress vortages during-mast of working life, even if retired.)	2b. KIND OF BUSINESS OR NDUSTRY
ive P	West Carrollton . 1/602 2000D30000000 Urise Carrollton	SMALEANE
haurs after death. Office alang with farm land 2 with the State De	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN Madmission) STATE Prince George's New Carrollton YES INO TOWN 7602223445554	Kanblean Kara Dr
haurs Item 19 Office 1 and 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
24 ho in Ite 's Of is lai	Harold 9. Geeley Virginia	Hardy
	16d. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT CONTROL ADDRESS Rams	ey Dr.
cuted within ng in pencil absolute Examine mit. File pag within 72 hau	1983, no. gymknown) 1953-1956 577-42-3581 Joanne Geeley 4104-Glennidge / 5	irect
if. Filh	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Accorded According to the permit.	IMMEDIATE CAUSE (a) Undetermined	
be executed. "pending in lief Medical E	DUE TO, OR AS A CONSEQUENCE OF	
d 'pe d 'pe Chief ransit	Canditians, if any, which gave is to immediate cause (a), (b)	
certificate shauld be exerting the ward "per rwarded to the Chief used as a burial-transit naval, and in any ever	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
This certificate stricte, writing the be farwarded to do be used as a but ar remaval, and in	[1] [1] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	
certif , writt arwar used mava	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21d. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item	20. AUTOPSY?
This c cate, v be far I be us	WAS PERFORMED?	YES X NO
=		n 18.)
iner: Te certifice shauld b files. 3 shauld arian, ar	CAUSE OF DEATH P.M. 19	
	210. Take of motion, short,	County State
CAL EXAMINER: execute the cert ar. Page 4 shauld far yaur files. CTOR: Page 3 shau	AT WORK AT WORK	
ICAL E exector. Poed far CTOR:	220. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry,	, and in my opinion
Sector ined ined o by	death resulted from: Notorial causes , / Accident , Suicide , Hamicide , Undetermined manner	<u>X</u>]
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TO DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 45 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crem	EXAMINER'S NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
the Hec	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY, OR CREMATORY 23d. LOCATION (City or Town) ((County) (Stote)
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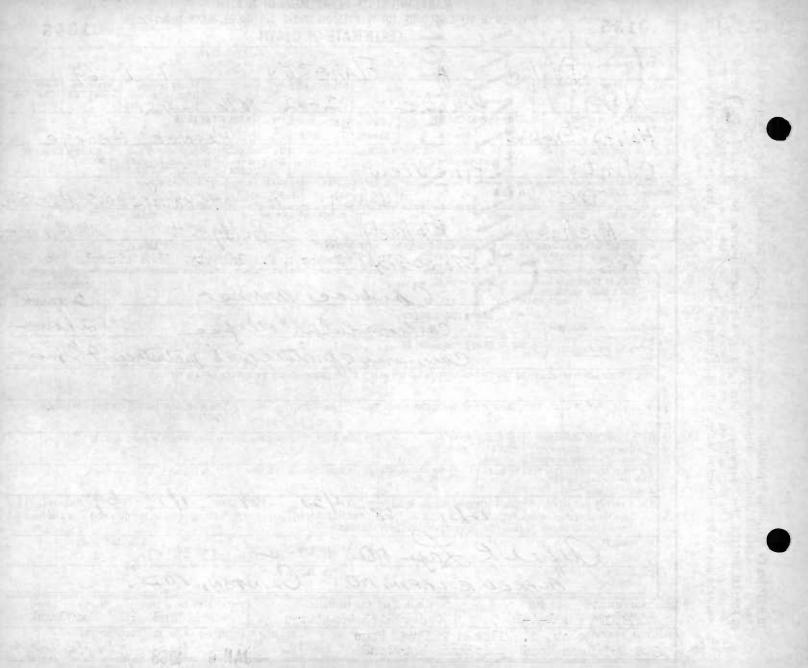
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15		01350	DIVISION OF VITAL RECORDS,			IMORE, MARYLAND 2	1201	
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	3. SE	X Male	4. RACE white	S.	DATE OF BIRTH 7-11-90	6. AGE (In y last birthd	yeors IF UNDER I YEAR ay) Months Days YRS.	IF UNDER 24 HRS. HOURS MIN,
4 hours	7o. E	IRTHPLACE (Stote or foreign try) Wash. D.C.	7b. CITIZEN OF WHAT COUNTRY? USA	B. MARRIED WIDOWED 3	NEVER MARRIED DIVORCED	9. COUNTY OF DEATH Prince Geor	ge	Md.
vithin 2 ly fillection page within	10. 0	TY OR TOWN OF DEATH Riverdale	11. NAME OF HOSPITAL OR IN give street oddress) Eugene Lela		n hospitol 120. USU/ during m	AL OCCUPATION (Kind of wo ost of working life, even if i tice of Peace	rk done 12b. KIND OF INDUSTRY	BUSINESS OR
omplete event,		USUAL RESIDENCE (Where deceo ssion) STATE Maryland	ised lived, if institution: Residence before 13b. COUNTY Prince George		WN 13d. INSIDE CITY L	MITS? 13e. STREET AND NU	MBER Riverdale,	
be exe	14. F	ATHER'S NAME First Issac	Middle Fiddeso	p 15. N	OTHER'S MAIDEN NAME F		Middle	Lost
physicion hen pleas moval, onc		WAS DECEASED EVER IN U.S. AR es, no, or unknown) (If yes give	MED FORCES? war ar dates of service) 16b. SOCIAL SECURITY 219 057	NO. 17. INFO 186 Pa	ormant atient/ Medi	cal Records	Address	
		PART I DEATH WAS CALISI	nly ane cause per line for (a), (b), and (c). ED BY: IATE CAUSE (a)	リレラップ	RICULAR	E Beill	BETWEEN O	AATE INTERVAL USET AND DEATH
the offersit perr		Conditions, if any, which gave rise to immediate cause (o),	(b)	4R-75-R	200 PCLERA	TC C-V D	SEARS UN	CNINN
equires that the physician. signed by the burial-transit burial, cremati		stating the underlying couse lost.	(c)					
The law requires th ottending physician. has been signed by se os the burial-tra th prior to burial, cre	NC		INDITIONS CONTRIBUTING TO DEATH BUT N					
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CLAN: bital or tificate d for u	MEDICAL CE	21o. ACCIDENT WAS UNDERLYI ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (If either, notify medical exam	ATH HOUR A.M. Month Doy Year iner) P.M.	9		r nature of injury in Port 1 a	or Port 2, Item 18.)	
PHYS he hos this cel setache e Dept.	ME	21d. INJURY OCCURRED 21e While Not while	e. PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.				County	Stote
Poge 4 may be retained by the hospital or ottending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the ottending director, page 3 should be detached for use os the burial-transit permit. Should be filed with the State Dept. of Health prior to burial, cremation, or re		22a. I certify that (I) (the saw the deceased of causes stated above	his haspital) attended the deceas alive an Arce, (I) (we) (did) (did nat) view the	ed from 3 19 6, and t	hat in (my) (aur) api	nian death accurred a	n the date and haur	(I) (we) last and fram the
		22b. SIGNATURE)-Horman	DEGREE	ATTENDING TO	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED	1 1969
TO HOSPITAL OR Poge 4 may be r TO FUNERAL DIRE director, page 3 Should be filed w		22d. PHYSICIAN'S NAME (Type)	J. Houmann, M.D.		22e. ADDRESS 4408 Quee	nsbury Rd., F	Riverdale, M	d.
HOS Be 4 Be 4 Be 4	23 a	BURIAL, CREMATION, 23b.	DATE 23c. NAME OF	CEMETERY OR CR		23d. LOCATION (City or To		(State)
55 5 g			an 11, 1969 Ft Lin		metery		or Pro Geo	
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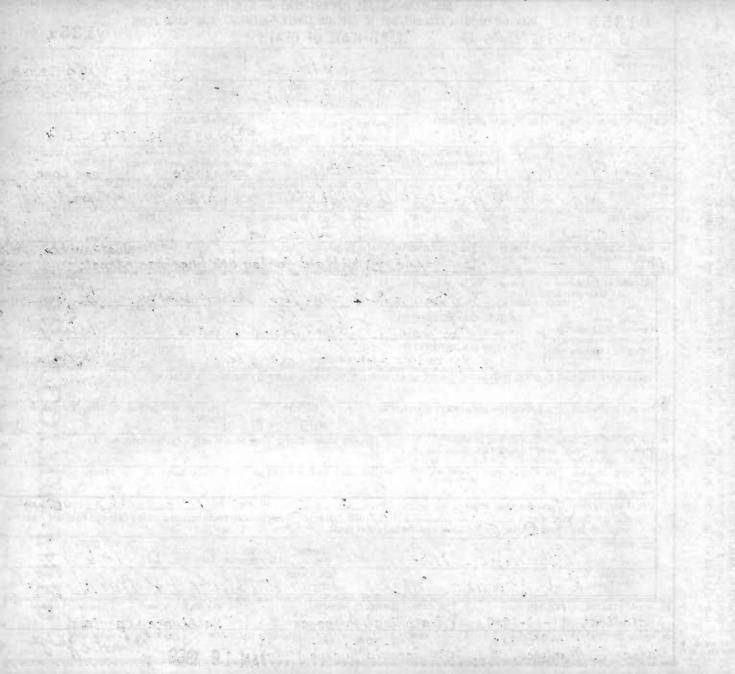
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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH		01332	
HEALTH DEPT. ∴ ♀ ぉ ㅎ		DECEASED-NAME (Type or Print) Joseph Matthew FORBES 20. DATE K OF DEATH I	KNOWN Month ESTI- MATED Jan.	Doy Year 2b 7	HOUR PMO _M
deloy is ond 3 to M3. Poge	3. S	SEX 4. RACE S. DATE OF BIRTH 7 9 30 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PR	RONOUNCED DEAD	Yeor 19 697	. ноня Р м
1 2 2 B		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEA	George's		Md
after death 3. Give Pages olong with for with the Store		CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in haspital Cheferly 12a. USUAL OCCUPATION (K during most of working life during most of working life	lind af wark dane 1 e, even if retired.)	2b. KIND OF BUSINESS NDUSTRY	S OR
after deat 18. Give Pag olong with with the St death			AND NUMBER Ritchie R	ðad	
hin 24 haurs after de native Ten 18. Give P niner's Office olong wi pages Hand 2 with the hours ofter death	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Thomas Stanley Forbes Mary Louise	Middle Drawford	Last	
within 2. Exominer is File pages 72 hours		b. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, Recorrence) (If yes give war or dates of service) (If yes give war or dates of service) (Yes, Recorrence) 17. INFORMANT Lucille Sellman (sister	ADDRESS Box :	533 arlboro, M	Md.
	8	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemoperitoneum Secondary to Ruptured 1	Liver	APPROXIMATE INTER BETWEEN ONSET AND	
s certificate should be executed e, writing the word "pending" in forwarded to the Chief Medical E. used os a burial-tronsit permit. Femovol, and in any event within	4	Conditions, if ony, which gave) DUE TO, OR AS A CONSEQUENCE OF Trauma from Automobile Accident			(A)
		rise to immediate couse (a). stating the underlying cause last.			
This certificate should ficate, writing the word be forwarded to the Cl dbe used as a burial-tract removal, and in any		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART I(a)		
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for	CERTIFICATION	None WAS PERFORMED? None		YES X N	10 🗆
# - 9	MEDICAL CER		n Part 1 or Part 2, Iter	m 18.)	
	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, WHILE NOT WHILE AT WORK AT WORK XIRITCHIE ROad 21f. LOCATION Street or R.F.D. No. City or 7000 blk. Ritchie Road	Town , St.Pleas		State Md.
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ral nd 2		Type or print) () Month Day	Year 5 PM
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retificate be executed within 24 haurs after death. g physician and campletely filled in by the funeral. Then please remave carber papers. Pages 1 and 2 maval, and in any event, within 12 haurs after death	10.	Scuttand Give street oddress Merse, Johns Maring most of working life, even if retired.)	INDUSTRY HORIE
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ate be executed clan and cample ease remave car and in any event	14.	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
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MAKYLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 81359 01355 CERTIFICATE OF DEATH 2b. HOUR 2a. DATE OF DEATH DECEASED-NAME Middle death. death. Manth and (Type or print) 1969 Charles Morton Fry January IF LINOER I YEAR 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years haurs after last birthday) MONTHS DAYS HOURS 7/27/96 YRS Male White 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a, BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED filled in earban papers. Washington.DIC. U.S.A. WIDOWED [DIVORCED [burial-transit permit. Then please remaye jarban paper burial, crematian, or remaval, and in any event, within 72 Prince George's ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Gheverly | Give street address) | Gen. Hosp. INDUSTRY etely Government and cample Prince George's Mt. Rainier admission) STATE YES NO 2906 Arundel Rd. Maryland Middle 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last First Emma Ottinger Henry Fry physician nen please 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no ar unknawn) Marigold W. Fry same above (If yes give war or dates of service) 23 none attending pny-APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Bilateral pulmonary edema, moderate IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) Bronchial Pneumonia with abscesses on rt. rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF upper & lower lobes stating the underlying causes last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. of Health priar to has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO T Yes TO FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Town County 21d. INJURY OCCURRED While Nat while at wark 22a. I certify that (1) (this xtraspitat) attended the deceased from DE 124 , 1900, to Jan. 4 , and that in (my) (Que) apinion death accurred an the date and hour and from the YAN, 0 19 69 saw the deceased alive anbe retained director, page 3 shauld should be filed with the causes stated abave, (1) free (did) and view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** STAFF DEGREÉ PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S 23d. LOCATION (City or Town) (State) 23c. NAME OF CEMETERY OR CREMATORY (County) 23b. DATE 23a. BURIAL, CREMATION. Congressional Cem. REMOVAL (Specify) al Washington, 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Hines Company VR A15 (4) JAN 8 Washington, D.C. 30M REV. 1/68

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MAKTLAND STATE DEPARTMENT OF HEALTH

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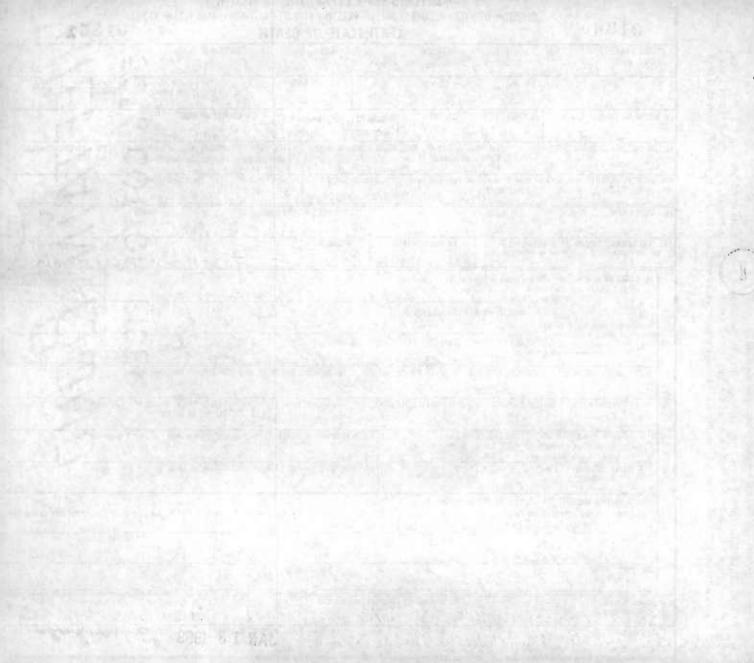
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01359 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME (Type or Print) First Middle 20 DATE KNOWN Month 2b. HOUR OF ESTI-DEATH MATED 1-10-69 2, and 3 to PM3. Poge Rov 12:00am M Gray ment IF UNDER 1 YEAR 3. SEX 4. RACE 6. AGE (In years IF UNDER 24 HRS. S. DATE OF PIRTLE 2c. DATE PRONOUNCED DEAD 2d HOUR last birthday) Month 14 July 1906 19 2: 05am M Male White 62 and 2 with the State Depay 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH In Item 18. Give Poges 1, Office olong with form WIDOWED [DIVORCED [U.S.A Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital hours ofter death 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Prince George Hospital during most of working life, even if retired.) INDUSTRY
Of fice Supt. Met. Ins. Co. INDUSTRY Cheverly 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c (ITY OR TOWN odmission) STATE 13b. COUNTY HYALTSYL HATVIAND Prince George's Hindows H 13d. INSIDE CITY LIMITS? deoth, 13e. STREET AND NUMBER 3401 75th. Avenue after 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME Middle Edward Grav Anna M. haurs pages n pencil Exomine 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) 72 050-01-609B Sophie Gray (above address) Wife File APPROXIMATE INTERVAL event within IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: be executed BETWEEN ONSET AND GEATH the Chief Medical IMMEDIATE CAUSE (a) Heart failure minutes DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease over 5 yrs. burial-transit Conditions, if ony, which gove rise to immediate couse (o), shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ 4 should be forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 05 removol, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This execute the certificate, NO S pe 50 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection of Inquiry and in my apinian deoth resulted from: Notural couses to Suicide Accident Homicide Undetermined monner please CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 1-10-69 5 moy b TO FUNER Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) Riverdale, Md. John Kehoe MD 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Mt. Olivet Cem. Wash., D.C. 1/13/69 ADDRESS REL DIET. Maryland Home Inc. VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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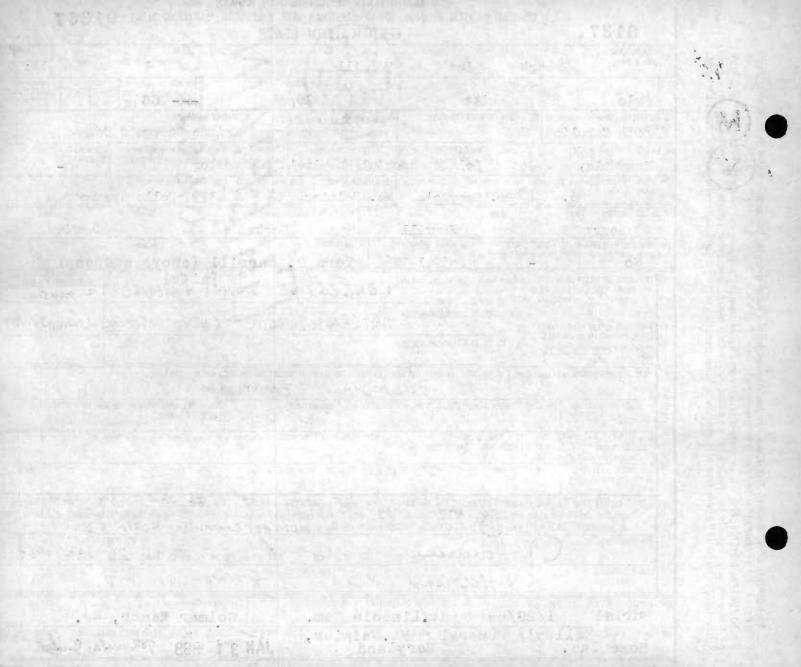
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. 7 c 4	. 3		CEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOURA
r death		. (1	ype ar print) Robe	ert Lee	Harrill	Month _ Doy	26 Yeor 69 12:30
hours after death		3. SE	x Male	4. RACE White	5. DATE OF BIRTH 1/10/03	6. AGE (In years tost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
24 hours		70. 1 caur	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED X NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Prince George's	County Md.
	73		ITY OR TOWN OF DEATH Riverdale,	11. NAME OF HOSPITAL OR I	NSTITUTION (If not in hospitol 12a. Unorial Hospital during	SUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
cam letely	and lo		USUAL RESIDENCE (Where decease ssion) STATE Md.	ed lived, if institution: Residence before 13b. FOUNTY George 1 S	Mt. Rainier YES	in the state of th	renue
e execut and cam remave	E	14. [ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAM		Last
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ertificate be physician c nen please	ıvaı, u		WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give w	IED FORCES? ar ar dates of service) 245-01-		arrill (above ad	
attending permit. The	cremanan, or remava		PART I. DEATH WAS CAUSED	y ane cause per line for (o), (b), and () BY: JTE CAUSE (o)	CONCESTIVE	HEART FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
t the deat the attend sit permit.	narian,	~	Canditions, if ony, which gave rise to immediate couse (o),	DUE TO, OR AS A CONSEQUENCE (b)	* ARTERIOSCLEROT	TC CARDIO-VASCULI	R UNKNOWN
equires that the physician. Signed by the burial-transit	al, cren		stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE C	F	Diseasc	
requires ng physicion signed burial-ti	ra buriai,		PART 2. OTHER SIGNIFICANT CON		NOT RELATED TO THE TERMINAL DISEASE OF LMONARY EM	OR CONDITION GIVEN IN PART 1(a)	
AN: The taw ricate has been ficate has been ficate has been find the safe has been find the safe file.	n pridr	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
JING PHYSICIAN: The law raby the haspital or attending lifter this certificate has been be detached far use as the control of the Hasilt size the	ll de la	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN or contributing cause of Deati (If either, notify medical examin	H HOUR A.M. Month Day Yes		nter nature of injury in Part 1 or Part 2, I	tem 18.)
G PHYSIC the haspit this certiful detached	ne ne	MEI	21d. INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Street ar R.F.D.		County Stote
= 7 7 7 7	The Signe		22a. I certify that (I) (thi	is hospital) attended the deced live on 26 , (I) (we)(did) (did not) view th	sed from, 1969_, and that in (my) (aur) e body after death.	apinion death occurred on the do EXAMINER NOTIF	69, that (I) (we) last te ond hour and fram the 1€D
OR Se	liw bal		22b. SIGNATURE). Hormann	F1113.	MED. STAFF 22c. C	L JAN 1969
TO HOSPITAL Page 4 may bage 4 may	nd be n		22d. PHYSICIAN'S NAME (Type)	C. J. HOUMANN		RIVERDALE M	
TO HOSPI Page 4 r TO FUNER	Shou	1		/29/69 Ft/L	r cemetery or crematory Incoln Com.	23d. LOCATION (City or Town) Colmar Manor	(County) (Stote)
VR AT 30M REV	108	24.	Home Inc.	y's Funeral ADDRI Mar		D BY REGISTRAR 25b. REGISTRAR'S AN 3 1 1969 FCL	was Judges



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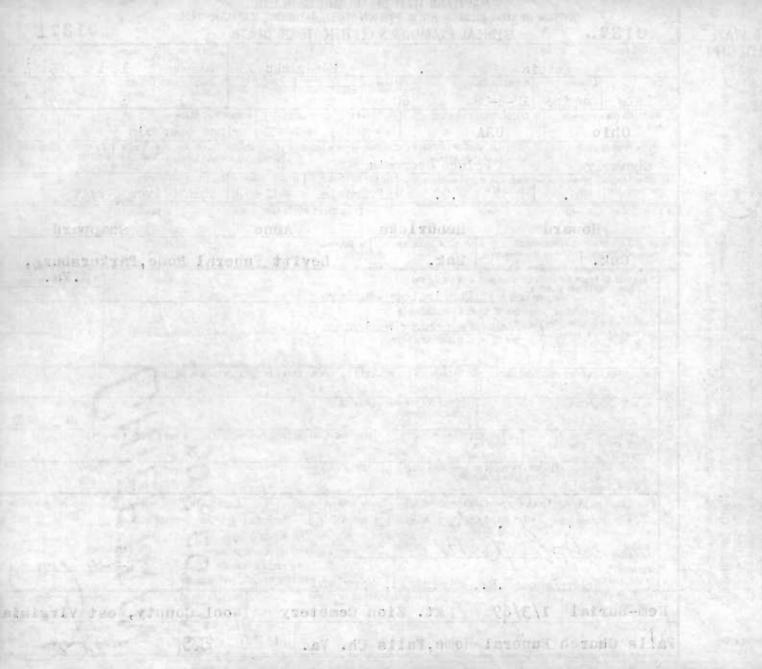
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ICIAN: pitol or rtificate d for u	MEDICAL CE	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Month Doy 1	eor 19	W INJURY OCCURRED (Enter no	ture of injury in Port 1 or Por	1 2, Item 18.)	
iNG PHYSICIAN: The law requires the by the hospitol or ottending physician fer this certificate has been signed by be detached for use os the buriol-tro State Dept. of Health prior to burial, cre	W	ot work of work	PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.			City or Town	County	State
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for ushould be filed with the State Dept. of Healt		22a. I certify that (I) (this saw the deceased alicauses stated above,	hospital) attended the decive on (I) (we) (did) (did not) view	eased from 19 19 19 19 19 19 19 19 19 19 19 19 19	that in (my) (our) opinio eoth.	n death occurred an the	thot e date and have a	(I) (we) last nd fram the
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A moy NERAL tor, poguld be fiil		22d. PHYSICIAN'S NAME (Type)	REPED &	LAPI	n 22e ADDRESS	114621,	mo	
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VI W	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	01375 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01371
HEALTH DEPT.		Yeor 2b Hour
≈ 6 € 15	(Type or Print) Auttie T. Hendricks DEATH MATED 1	1 169 9:30
5 m 6	3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
ny delay 2, and 3 PM3 Pg partment.	male white 12-8-08 GO YRS. MONTHS DAYS HOURS MIN. Month 1 Doy 1	Yeor 19 69 11 M
any 2, 2, P	7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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24 hours ofter death any delay in Item 18. Give Poges 1, 2, and 3. rrs Office olong with form PM3 Poges 1 olong with the Stote Department rs ofter deoth.		26. KIND OF BUSINESS OR IDUSTRY
Give Give Th th	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	THE PARTY OF THE P
18. Give		reet
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ris of ri	Howard Hendricks Anne Sha	appard
hin 24 ncil in niner's pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no. ochalknown) (If yes give wor or dates of service)	
This certificate should be executed within rate, writing the word "pending" in pencil be forworded to the Chief Medical Examine! be used as a burial-transit permit. File pagar removal, and in any event within 72 hou	Unk. Unk. Levitt Funeral Home, Park	
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<u></u>	210. EXTERNAL CAUSE WAS PRIMARY OF CCURRED (Enter nature of injury in Port 1 or Port 2, Item HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	18.)
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1 1	Rem-Burial 1/3/69 Mt. Zion Cemetery Wool County, We	
	24. FUNERAL DIRECTOR ADDRESS 2SG. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SI	GNATURE
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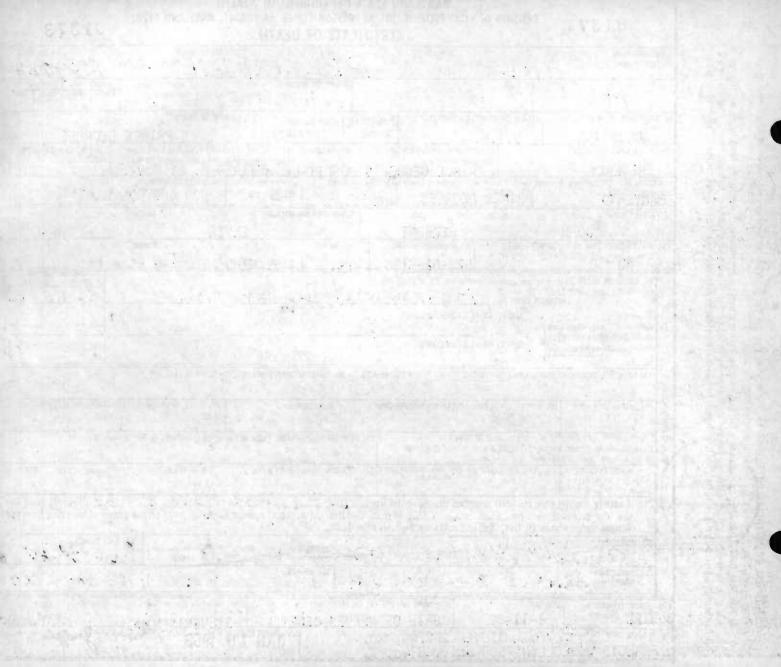


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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a). PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING 10a. ACCIDENT WAS UNDERLYING 10a. OR CONTRIBUTING CAUSE OF OEATH 11b. HOUR A.M. Month Doy Year 21c. HOW INJURY OCCURRED 21d. HUNTY OCCURRED 21d. HUNTY OCCURRED 22a. I certify that (1) (this hospital) 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIANS NAME (Type) GEFFREY A. GRAHAM	16	a. WAS DECEASED EVER IN I	U.S. ARMED FORCES' f yes give war or dates of se	? 16b. SOCIAL SECUR						13	
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While Not while of wark 22a. I certify that (I) (this haspital) at ended the deceased from form the causes stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED	DICAL CED	21a. ACCIDENT WAS UN ON CONTRIBUTING CAUS (If either, notify medical	SE OF GEATH HOU	R A.M. Manth Doy Y	ear	W INJURY OCCURRED	(Enter nature of	injury in Port 1 or I	Part 2, Item	18.)	
22a. I certify that (!) (this hospital) attended the deceased from (my) (our) opinion death occurred on the date and hour and from the causes stated above, (!) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIANUS NAME (Type) GEFFREY A. GRAHAM 22e. ADDRESS Malcolm Grow USAF Hospital	AAF	While Nat while	21e. PLACE OF I	NJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	T, FACTORY,) 21f. LOC	ATION Street or R.F.	D. Na.	City or Town	Co	unty	State
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NAME (Type) / GEFFREY A. GRAHAM Malcolm Grow USAF Hospital		causes stated	obave, (1) (we)	I for all form to the tree t					22. DATE	SIGNED	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01373 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH Poges 1 and 2 virs after death. DECEASED-NAME Lost 2b. HOUR death. (Type or print) Month 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 24 hours after 6. AGE (In years lost birthdoy) DAYS HOURS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH NEVER MARRIED vsician and completely filled in please remove corbon popers. country) II.S.A WIDOWED DIVORCED [PRINCE OUISIANA GEORGES 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR - C give street address) during most of warking life, even if retired.)

RETIRED U. S. Govt. INDUSTRY CHEVERLY PRINCE GEORGE'S HOSPITAL 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed YES X NO 3900 CROYDON LANE **GEORGES** Bowie 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Middle Lost Last requires that the deoth certificate be **JOHN** HERBERT ELVIE OPAL 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address (If yes give war or dates of service) Yes, no, or unknown) buriol, cremation, or removal, attending physical from property of the proper Same as # 13 578-62-8118 Mrs APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
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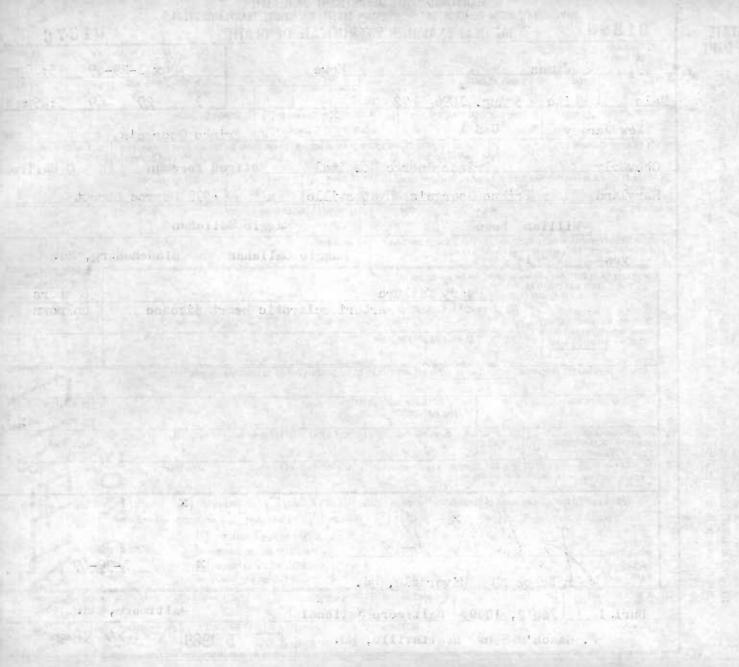


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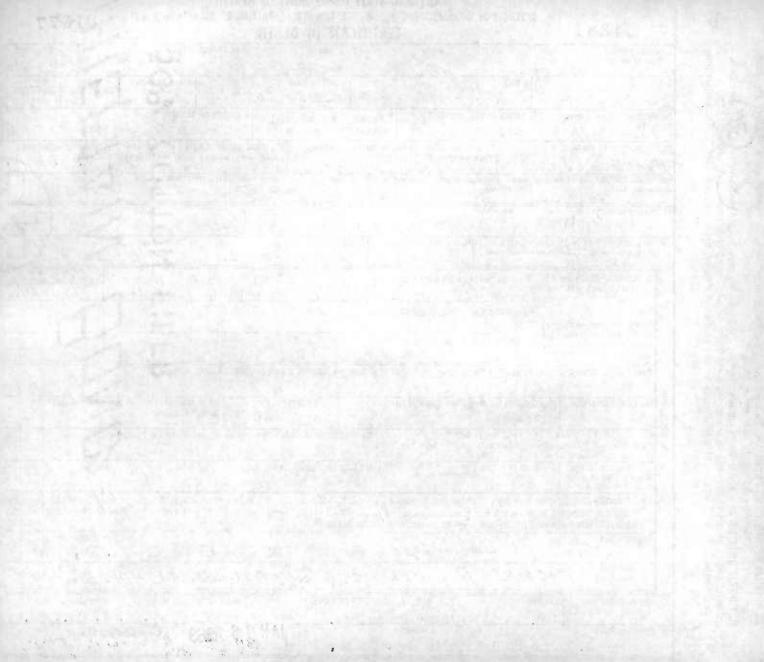
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death. uneral 1 and 2 r deoth.	1. DECEASED-NAME Firs (Type or print) WILL		Lost HORSEMAN	20. DATE OF DEATH	13 Yeb 550 PM
s offer I	3. SEX Male	4. RACE Caucasian	S. DATE OF BIRTH 26 October		IF UNDER 1 YEAR IF UNDER 24 HRS, MONTHS DAYS HOURS MIN.
Phour Z hour	7o. BIRTHPLACE (Stote or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Prince Georges	
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4: The law or attending the has bee use os the salth prior t	210. ACCIDENT WAS UNDERLY	D. CONDITION FOR WHICH OPERATION WAS PER	YES NO	CALICES OF DEATHS	CONSIDERED IN CERTIFYING 2, Item 18.)
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TTENDING OR: After rould be could be co	saw the deceased causes stated above	his haspital) attended the decease alive anl ve, (I) (XX) (did) (XXXXX) view the l	d fram	inian death accurred an the	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retoined by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to	22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) GAR	W. DUNCAN	22e. ADDRESS		tal
O HOS Poge 4 O FUN directs	230. BURIAL, CREMATION, 23b	DATE 23c. HAME OF	EMETERY OR CREMATORY	23d TOCATION (CIN or Town)	(County) (Stote)
VR A15 (4)	24. FUNDRAL DIRECTOR	sould BIVD		BY REGISTRAR 25b. REGISTRAL 17, 1969	R'S SIGNATURE

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4 2	-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		01380 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01376
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20. DATE KNOWN Month	Doy Year 2b. HOUR
2 2 2 2 2	((Ype or Print) James Howe OF ESTI- DEATH MATED 1-29-	69 195:10pm
delay and 3 43. Po tment	3. 5	X 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
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De B	coun	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH TY) New Jersey USA WIDOWED DIVORCED Prince George's	
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haurs a office of land 2 w		dnission) STATE Prince George's Hyattsville YES NO 4911 Monroe St	reet
	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle William Howe Maggie Callahan	Last
thin 24 mail in miner's pages haurs	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
INER: This certificate should be executed within 24 haurs after death the certificate, writing the ward "pending" in pencil in Item 18. Give Page should be farwarded to the Chief Medical Examiner's Office along with files. 3 should be used as a burial-transit permit. File pages land2 with the Stonation, ar remayal, and in any event within 72 haurs after death.		es, no, or unknown) (It yes give wor or doles of service) W 1 Maggie Callahan Bladensbu	rg, Md.
ICAL EXAMINER: This certificate should be executed will execute the certificate, writing the ward "pending" in perfor. Page 4 shauld be farwarded to the Chief Medical Examed far your files. CTOR: Page 3 shauld be used as a burial-transit permit. File burial, cremation, ar remayal, and in any event within 72		18. CAUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ecut ling" edicc ermi		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Heart failure	8 hours
e ex pend sf M sit p		4/3 DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	unknown
Id b rrd " Chie -tran		rise to immediate couse (a). (b)	
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a the s d to d to a b and	13	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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farw farw	CERTIFICATION	19a. Date of Operation 19b. Condition for which operation WAS PERFORMED?	20. AUTOPSY? YES □ NO 🔀]
Thir ficate be d be ar r	CERTI	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	
LER: certificalld las. shaul	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
	WE	21d. INJURY OCCURRED WHILE NOT WHILE NOT WHILE 121e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
DEPUTY JICAL EXAMINER: This offersory, please execute the certificate, e funeral director. Page 4 shauld be famay be retained for your files. FUNERAL DIRECTOR: Page 3 shauld be uself prior to burial, cremation, or rem		AT WORK AT WORK	25 14 15 15
AL exector. Por I for I for Urial		22a. I certify that I taok charge of the remoins described obove, held on Autopsy, Inspection, Inquiry	and in my opinion
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EPUTY Sssary, please extuneral director. ay be retained inneral DIRECTO the prior to bur		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE S	IGNED
Sary Junera y be		EXAMINER'S DEPUTY MEDICAL EXAMINER 3	30-69
ro DEPUTY necessary, the funera 5 may be ro FUNERA! Health pr	-	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
TO DEPUT necessary the fune 5 may b TO FUNER Health	23a.	PEMOVAI (Specify)	(County) (State)
	24.	FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S S	IGNATURE
VR A15ME (5 10M REV. 1/68		F. Gasch's Sons Hyattsville, Md. DATE EB 5 1969 House	By Judge
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MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01381 CERTIFICATE OF DEATH last 2g. DATE OF DEATH 1. DECEASED-NAME First Middle ours after death. funerol 1 ond Month (Type or print) Day ques IF UNOFR 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) MONTHS DAYS WHIte 1882 FEMALE YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) RINCE Georg U.S.A. DIVORCED [WIDOWED [ond in any event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) HYAHS UILLE. ompletely 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER he law requires that the death certificate be executed 13b. COUNTY PYE YES TO NO Middle 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Last pup SOHN PHILIP. HUBER CHRISTINE Robrer 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 2 La Salle burial, cremation, or removal, Lester M. 579-60-3388 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF signed by ottending physicion. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART I(a) certificate has been for use os the Health prior to 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO T YES 🗀 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram Sept. 1965, ta fact 10, 1967, that (I) (we) last saw the deceased alive an 1969, and that in (my) (corr) apinian death accurred an the date and haur and fram the O FUNERAL DIRECTOR: causes stated above. (1) (we) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING Jan. 10, 1969 director, page 3 should be filed v DIRECTOR PHYS. PHYS. 22e. ADDRESS 2600-22d. PHYSICIAN'S QUEENS 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23b. DATE 23o. BURIAL, CREMATION, REMOVAL (Specify) Ritchie Hwy. A. A. Co. 7969 Holy Cross Cem. 24. FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hwy. Balto. DÂTE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 8138~ CERTIFICATE OF DEATH 01378 1. DECEASED-NAME First Middle Lost death. 20. DATE OF DEATH 2b. HOUR 24 haurs after death by the funeral (Type or print) Mary Fatzinger Hudson 45P M 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNOER 1 YEAR IE UNOER 24 HRS female white lost birthdoy) MONTHS 12/17/1912 56 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH papers. country) Pa USA Prince George's WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done within 12b. KIND OF BUSINESS OR give street oddress) carban during most of working life, even if retired.) ¥ Cheverly INDUSTRY home Pro Georges Hospital 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before event. 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed odmission) STATE 13b. COUNTY 6522 Buchanan please remave YES 3 NO T Md Park Georges any 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First and lost Middle Lost and in requires that the death certificate be Edward B Crocker Ethel G. Miller 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give wor or dates of service) 211 24 8413 Evan L Hudson Maryland Park. Md. remaya APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove burial-transit cremat rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE O stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been far use as the 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO 🗌 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION OFFICE BUILDING, ETC. Street or R.F.D. No. City or Town County Stote While Not while ot work OR ATTENDING 22a. I certify that (1) (this hospital) attended the deceased fram 1-17 19 60) and that in (my) (aur) apinian death accurred on the date and haur and fram the saw the deceased alive an_ shauld causes stated abave, (1) (we) (did) (did na) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS pe NAME (Type) director, should be 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 1969 Ft Lincoln Cemetery Colmar Manon Pro Gen ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) F. Gasch's Pons Hyattsville, Md. 45M - 1/69 DATE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01383 CERTIFICATE OF DEATH DECEASED-NAME Middle Last and 2 death. 20. DATE OF DEATH 2b. HOURP funeral (Type or print) 11:40 Jan. within 72 hours after 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IE UNDER 24 HRS last birthday) MONTHS HOURS Female Caucasian Oct. 27, 1940 7o. BIRTHPLACE (State or foreign 7h CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) .⊆ U. S. A D.C. Prince George's WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR givestreet oddress) George's General during most of working life, even if retired.) plefely Cheverly PublicH and in any event, 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Prince George's Palmer Park remave 7704 82nd Avenue Maryland 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First physician and Lost Middle Morris zuck Pearl Levy requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknawn) cremation, ar remaval, 579-52-5001 Harvey Jarboe, Husband see 13 above APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Canditions, if any, which gave) burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been Health priar to OR ATTENDING PHYSICIAN: The law 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING SD CAUSES OF DEATH? YES NO 🗍 TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year directar, page 3 shauld be detached 1 shauld be filed with the State Dept. of (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 4-3, 1968, ta 1-29, 1969, that (I) (we) last saw the deceased alive an 1000 from the deceased alive and 1000 from the be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. STAFF DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Dr. William Greco 6201 Riverdale Rd., Riverdale, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE (County) (Stote) REMOVAL (Specify) Natl. Memorial Park Falls Church, Va. 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) Goldberg Funeral Home 4217 9th St. N.W. 30M REV. 1/68 DATE

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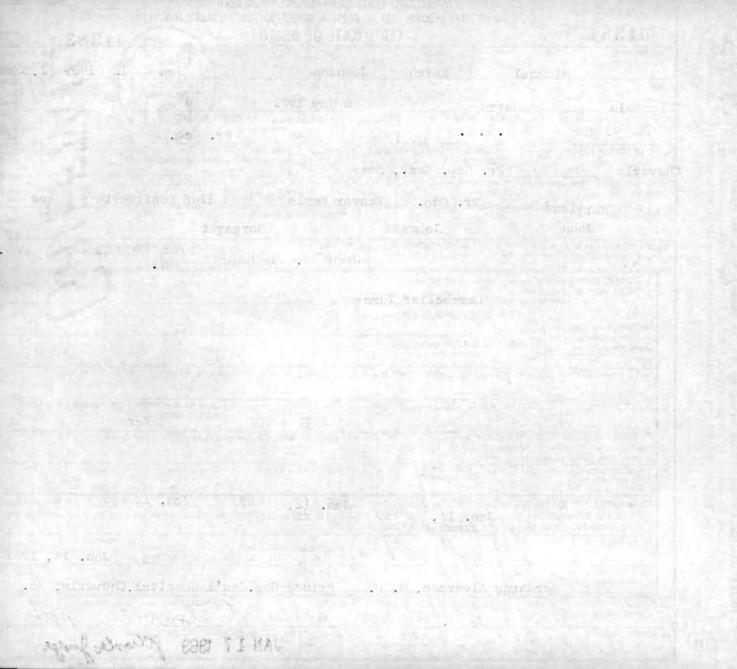
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01387 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH Last 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) Month 2.30 AM Micheal Keith Johndon Jan 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNOER 1 YEAR last birthday) DAYS HOURS 6 May 1962 Male Negro 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED countrillaryland U.S.A. WIDOWED [DIVORCED Pr. Geo. and campletely filled remove carban pape cremation, ar removal, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) **INDUSTRY** Br. Geo. Gen., Hosp heverly 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13h COUNTY NO T 1708 Kenilworth Beaver Heh Ave 14. FATHER'S NAMEMARY Land 15. MOTHER'S MAIDEN NAME First Middle Last Middle Inst Johnson John Margaret 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 1708 Adresnnilworth Yes, na. ar unknown) John W. Johnson APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Cerebellar Tumor DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to 19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES SE NO T O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) TENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while at wark 22a. I certify that (x) (this hospital) attended the deceased fram Jan 12, 1969, ta Jan 12, 1969, that (a) (we) last saw the deceased alive an Jan 12, 1969, and that in (xxx) (aur) apinian death accurred an the date and haur and from the 19 69 , ta Jan. 12 19 69 causes stated abave, (1) (we) (did) tolorest view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. ATTENDING Jan. 14, 1969 DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Bernardo Alvarado, M. D. Prince Geo. Gen'l Hospital Cheverly, Md 230. BURIAN, CREMATION, 23b. DATE TOCATIONACITY or Town) NAME OF CEMETERY OR CREMATORY (Stote REMOVAL (Specify) 24. FUNERAL DIRECTOR 30M REV



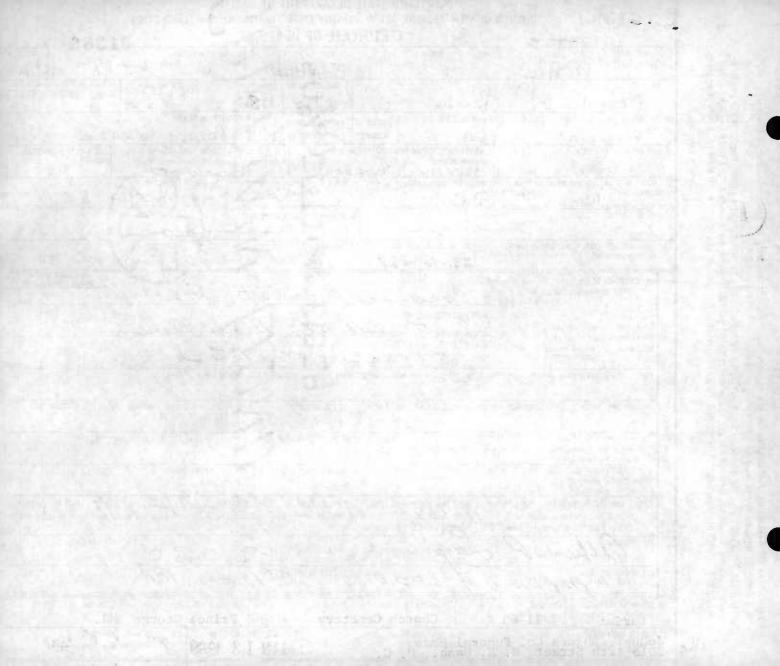
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 2a. DATE KNOWN THE Month (Type or Print) ESTI-DEATH MATED Tan Irving Ruben Jones 39 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years JE LINDER 24 HRS 2c. DATE PRONOUNCED DEAD Male Negro December 31, 64 January 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH DIVORCED [WIDOWED | Maryland Prince George's the Stat 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY 4108 Pratt St Upper Marlboro None 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER odmission) STATE Maryland Anne Arundel Lothian YES NO X Box 16 A This certificate shauld be executed within 24 haurs cate, writing the word "pending" in pencil in Item-A ofter Middle 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Calvin Eugene Jones icate, writing the word "pending" in pencil in be farwarded to the Chief Medical Examiner's haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** (Yes, no, ar unknown) Trooper Langstine, State Police, Annapolis No None within 72 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY-Bronchopneumonia (organism undetermined) IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (o). any DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊆ remayal, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Fatty Degeneration of the Liver, cause undetermined. CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, None None YES X NO T 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING None P.M. None CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE I None 220. I certify that I took charge of the remains described above, held on Autopsy [X], Inspection X Inquiry K ond in my opinion the funeral director. death resulted from: Natural causes Accident Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE Acting DEPUTY MEDICAL EXAMINER January 11, 1969 5 may b 10 FUNER Health ADDRESS(Street, city, town, or county) Cheverly. Md. NAME (Type) Cornelius J. Burns, M.D. 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify Burial 1/15/69 Adams Cemetery Lothian, Maryland Funeral Home-4001 Benning Road, MKE VR A15ME (5) 10M REV. 1/6

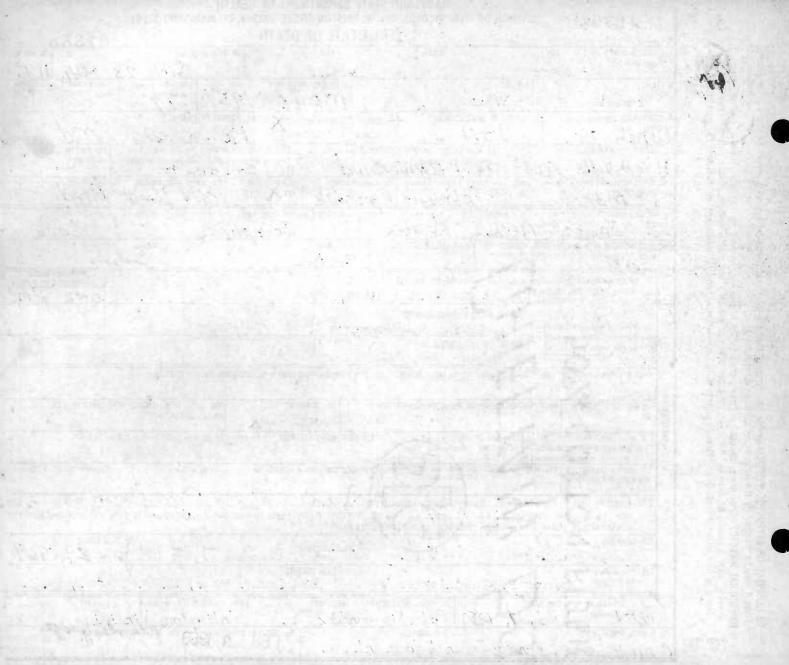
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	tificate hysicia n pleos val, an			WAS DECEASED EVER IN U.S. ARA es, no, or unknown) (If yes give w	MED FORCES? var ar dates of service) 16b. SOCIAL SECURITY 2 31-469-8		111e Do	Address 423-	7-F-5+.	SE.
	ATTENDING PHYSICIAN: The low requires that the death certificate brexe etained by the hospital or ottending physician. CTOR: After this certificate has been signed by the ottending physician and construction is should be detached for use as the buriol-transit permit. Then please removed the State Dept. of Health prior to buriol, cremation, or removal, and in ony			PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE OF OUE TO, OR AS A CONSEQUENCE OF	ae ar	nest,	CVA.	APPROXIMA BETWEEN DNS	TE INTERVAL ET AND DEATH
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	OR Ser	,		22b. SIGNATURE COLOR SIGNATURE	& Lapur	DEGREE PHYS. 22e. ADD	DIRECTO	STAFF PHYS.	DATE SIGNED	
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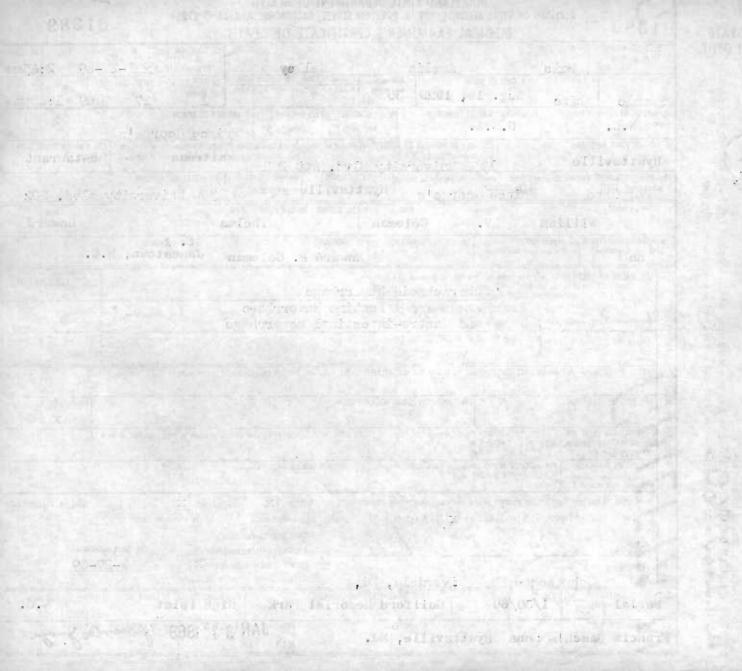
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	O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far u should be filed with the State Dept. af Heal	23a.	BURIAL, CREMATION, 23b. DA	TE 23c. NAME C	F CEMETERY OR C	REMATORY	23d. LOCATION (City or I	Town) (Caun	nty) (Stote)
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			FUNERAL DIRECTOR	ADDRE	SS	2So. REC'D.	BY REGISTRA 1969 25b.	EGISHAN'S SCHOOL	A STATE OF THE PARTY OF THE PAR
	VR A15 (4) 30M REV. 1/68	C	m. Grand, M	Jurphy Funeral Ho	me, Arl,	Va. DATE	" שטטו ר, ע	44.5	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01389 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN 2b. HOUR (Type or Print) ESTI-Poge portment of 19 2:45amm Kellev Lois Amelia DEATH MATED IF UNDER 1 YEAR 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SEX 2d. HOUR 2, ond PM3. P Aug. 19, 1929 Month 69 19 1: 40pm M White Female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) N.C. U.S.A. WIDOWED [DIVORCED X Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most waverting as ven if retired.) give street oddress) Westaurant Hyattsville 350 University Blvd. 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER land 2 with pencil in Item 18. (cominer's Office old Hrince George's llyattsville YES XNO 1350 University Blvd. 202 after 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Lost William Coleman Thelma Howard hours poges 17. INFORMANT Rt. ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) Jamestown, N.C. Howard P. Coleman File APPROXIMATE INTERVAL within CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subarachnoid hemorrhage pending DUE TO, OR AS A CONSEQUENCE OF Pontine hemorrhage buriol-transit Conditions, if ony, which gove and Gastro-intestinal hemorrhage rise to immediate couse (o), certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 050 removol, nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES X NO T pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy X, FUNERAL DIRECTOR: Inspection X Inquiry and in my apinian death resulted fram: Natural causes 52./ Accident // retained Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE pe DEPUTY MEDICAL EXAMINER X FOR FUN Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) Kehoe MD Riverdale, Md. 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY Guilford Memorial 23d LOCATION (City or Town)
High Point 1/30/69 (County) Park BREMOVA Specify 24. FUNERAL DIRECTOR ADDRESS Francis Gasch's Sons Hyattsville, Md. VR A15ME (5) DATE 1DM REV. 1/66

MAKYLAND STATE DEPAKIMENT OF HEALTH

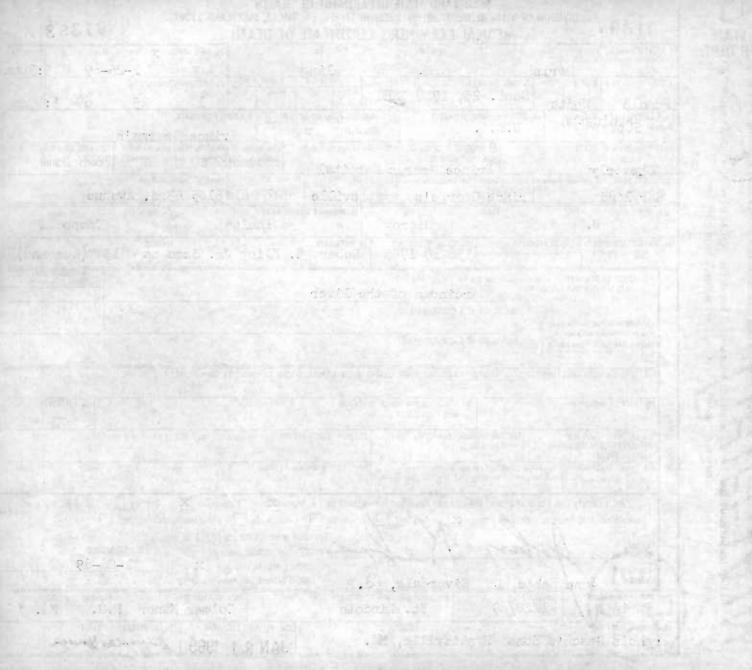


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	CERTIFICATE OF DEATH	1391
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unted v amplete ve cark event,	13a. USUAL RESIDENCE (Where deceased live), if institution: Residence before 13c. CITY OR TOWN //3d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
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and and in any	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
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eath certificate bending physician only. Then please ar removal, and it	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yos give war ar dates of service) Address Address	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ardirector, page 3 shauld be detached for use as the burial-transit permit. Then please rehauld be filled with the State Dept. of Health priar to burial, crematian, ar remayal, and in	21d. INJURY OCCURRED While 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Could be a control of the building, etc.	inty State
te D	I di wark of wark	
by Affee be Sta	220. I certify that (I) (this hospital) attended the deceased from Och 24, 1966, to Account of the dots on saw the deceased olive on 1967, and that in (my) (our) opinion death occurred on the date on	_, that (I) (we) lost
R: He the	couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth.	d nour and from the
AT Short Share Sha	22b. SIGNATURE 22c. ADATE S	IGNED
OR The Sed of White Sed of Whit	Cichieral Takein M. D DEGREE PHYS. DIRECTOR D STAFF DIRECTOR PHYS. D	16 1969
AL COY ON Pogg	22d PHYSICIAN'S 22e ADDRESS	1/5
TO HOSPITAL OF Page 4 may be for FUNERAL DIR director, page 3 shauld be filed	NAME (Type) DR. RICHARD F ShAW 1324-MICHIGAN AVE	11/2
HO FUN FUN FUN	230. BORIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cou	unty) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01395 01393 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR death. pup (Type or print) Month J. Carl Kulsrud 1969 Jan 4. RACE 3. SEX S. DATE OF BIRTH within 24 hours after 6. AGE (In years IF UNDER 1 YEAR lost birthday) March 23, 1889 Male white 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Norway USA completely filled in Prince George's DIVORCED [WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Memorial Hospital during most of working life, even if retired.) INDUSTRY carbon Riverdale U S Gov't Historian 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admissian) STATE 13b. COUNTY remove 4901 Somerset Rd ro George's Riverdale 4. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Last Middle Last Kulsrud Olaus . Lena Kulsrud law requires that the death certificate be please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknown) (If was give war or dates of service) Mary B Kulsrud Riverdale, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line to BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 0 Conditions, if any, which gave burial-tronsit rise to immediate cause (a), by stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending p TO FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Heolth YES 🔲 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medicol exominer) detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from NOV 25 1900 , and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on.... be retoined causes stoted obove, (1) (we) (did) (did not) view the body ofter deoth 22h SIGNAT ATTENDING DIRECTOR PHYS. PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) director, should b 23d. LOCATION (City ar Tawn) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Ft Lincoln Cemetery Colmar Manor Pro Geo Md. 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md.

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	ely filled ban pape within 7	VI	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN ON A Street address MALCOLM GR	STITUTION (If not in hospital 120.	USUAL OCCUPATION	(Kind af wark dane ife, even if retired.)	12b. KIND OF I	JUSINESS OR
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	ng pl		1B. CAUSE OF DEATH (Enter only					APPROXIA	NATE INTERVAL NSET AND DEATH
	attendir permit. ian, ar re		PART I. DEATH WAS CAUSED IMMEDIATE	ane cause per line far (a), (b), and (c). BY: CAUSE (o)Respirato	ry Arrest			15 M	inutes
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	the hast this cer detache e Dept.	ME	21d. INJURY OCCURRED 21e. Pl While Not while at work at wark	ACE OF INJURY (AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street or R.F.	D. Na. City	or Tawn	Caunty	State
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/ 1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOD CTATE	01402 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01398
FOR STATE		
HEALTH DEPT.	(Type or Print)	Day Year 2b. HOUR
ay is 3 to Poge ent of	George L Leech DEATH MATED & 1-23-	-69 191:45am
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y d	male white 9-23-1910 58 YRS. 1 23	69 192:25am M
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S Give Poges S Give Poges Tong with the State		12b. KIND OF BUSINESS OR
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2 P/6	Maryland Prince George's Capitol Hgts YES NO 6207 Shadyside	Avenue
hours of them 18 Office of offer de	14. FATHER'S NAME First Middle O Sost 15. MOTHER'S MANDEN NAME First Middle	Last
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	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT O ADDRESS	11
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executed anding" in Medical E t permit. F	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction	DETWEEN ONSET HID DENTIL
Med Pel pel	4/23 DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	
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s certificate should e, writing the word forwarded to the C e used os a buriol-tr emoval, ond in ony	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street) 21f. IOCATION Street or R.E.D. No. (ity or Town)	
INE constitution of the co		County State
	WHILE NOT WHILE factory, affice building, etc.)	
EX ccut or y or y or, o	220. I certify that I took charge of the remains described above, held an Autopsy 🔼 Inspection 🖳 Inquiry	ond in my opinion
ICAL Executar. Pograd for CTOR: Puriol,	deoth resulted from: Notyrol couses [X], Accident [], Suicide [], Homicide [], Undetermined monner	
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D DEPUTY DEGLE EXAM necessory, please execute the the funeral director. Page 4 5 may be retained for your 5 FUNERAL DIRECTOR: Page Health prior to buriol, cren	EXAMINEK 3	
ro DEPUT) necessory, the funerc 5 may be ro FUNERA Heolth pr	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, fawn, ar county) 230. BURIQL, CREMATION / 23b. DATE / 23c. NAME OF CEMPTERY OR CREMATORY / 23d. DOCATION (City or Jown)	(County) (Stote)
F	Visital Cocify / 1/27/69 Ft. Lincoln Cem, Colmar Manor	Pg and
0	24. FLINERAL DIRECTOR / 250. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR'S S	SIGNATURE.
VR ATSMEGE A	W.W. Chambles Co, Riverdale and, DATE JAN 30 1968 Polis	eles Judge.
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FOR STATE	8	01403			CERTIFICATE			01399	
HEALTH DEPT.	J. D.	ECEASED-NAME First		Middle	Last		20. DATE KNOWN Mont	h Day Yeor	2b. HOUR
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deloy and 3 M3. Pa	3. SI		Dec. 27,	6. AGE (In your lost birthdo 28	MONTHS DAYS	HOURS MIN.	2c. DATE PRONOUNCED DEAD Month Day January 18.	Year	2d. Hour
PN PN			. CITIZEN OF WHAT CO		MARRIED NEVER MA	BBIED 0 CUN	January 18,	Year 19 6 9	р. м
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Give P		Mt. Rainier	912563	Arundel R	d., Apt. #		f working life, even if retired.) INDUSTRY	
within 24 hours ofter death pencil in Item 18. Give Page xaminer's Office along with ile pages Lond 2 with the state of the death.		USUAL RESIDENCE (Where deceased in 1500) nSTATE	lived, if institution:	Residence before 13c.	CITY OR TOWN 13	d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	112/20	F-111
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24 ho in Iter r's Off es Ion rs ofte	1 1. 1.	James	Russel		Pear		E.	Ow	
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l within n pencil Examine File page 72 hou	(1)	es, na, ar unknown) (If yes give wo	or or dates of service) 52"	7-52-514	James R	. Lind,	4314 E.Tur	ney Pho	enix.
should be executed with word "pending" in perthe Chief Medical Exarturiol-transit permit. File in ony event within 72		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line for	(a), (b), and (c).)	1		1 7 4 -	APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
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ord	-	rise to immediate cause (a), stoting the underlying couse	(b) DUE TO, OR AS A	CONSEQUENCE OF	10 TO	PER PER			
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This ifficate, I be found to be under the or ren	MEDICAL CERTIFICATION	21a. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING	21b. TIME OF INJURY	/ Month, Day, Year	21c. HOW INJURY OC	CURRED (Enter natu	re of injury in Part 1 or Part 2 ne combined of Lturates with	2, Item 18.)	an
certification, or	EDICA	CAUSE OF DEATH	P.M.	19	overdose	of barbi		alcohol	
	W	21d. INJURY OCCURRED 21e. PL WHILE NOT WHILE AT WORK AT WORK	ACE OF INJURY (At homory, affice building, etc.)	he, farm, street, Home	21f. LOCATION Street	ar R.F.D. Na.	City or Town Princ	County Ce George	State Md.
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		FUNERAL DIRECTOR		ADDRESS		2Sa. REC'D 8Y REC	cottdale, M GISTRAR 25b, REGISTRAR	R'S SIGNATURE	Arlz
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01403 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR 24 havrs after deoth. eath. funerol 1 (Type or print) Month William Lyles 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In veors IF HINDER 1 YEAR last birthday) male white 9, 1911 June MONTHS OAYS HOURS 57 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED USA Prince George's WIDOWED [DIVORCED [Washington D ui. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) carban U S Gov't. during most of working life, even if retired.)
Clerk Post Office Cheverly, Md Pro Georges Hospital 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY odmission) STATE YES 😿 remove Mt Rainier NO T hapel Road 3121 Queens execu Geo 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle and in The law requires that the death certificate be Albert Anna Lyles Marie Melzard pleose 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) the attending phys Mary E. Lyles Mt Rainier, Md. crematian, or removo 579 12 8121 ves 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEA PART I. DEATH WAS CAUSED BY burial-tronsit permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couse buriol, lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) this certificate has been prior to for use os the 190. DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [be retained by the hospital or 210. ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Yeor State Dept. of detoched (If either, notify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from and 12, 1968, to your saw the deceased alive an 12-27 19 68, and that in (my) (aur) opinion death accurred an the date and hour and from the TO FUNERAL DIRECTOR: causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING Jan 10, 1969 poge 3 PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS director, po should be f NAME (Type) - ugene 230 BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOYAL (Specify) Ft Lincoln Cemetery Jan 13, 1969 Colmar Manor Pro Geo Md. ADDRESS REGISTRAD SIGNATURE 24. FLINFRAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb. F. Gasch's Sons Hyattsville, Md. 1969 DATE

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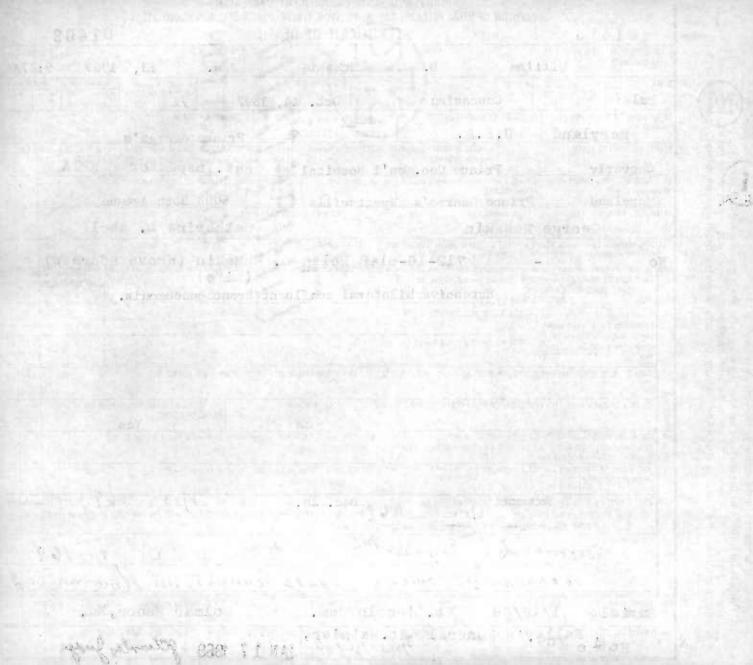
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN 2b. HOUR Month (Type or Print) H. OF ESTI-19 12:55 pm Page of Ralph Michael DEATH MATED ment AGE (In years IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 2, and PM3. last birthday) HOURS Manth 19 1:10pm M 11-28-1895 Male White Depart 7o. BIRTHPLACE (State or foreign MARRIED TO NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH along with farm country) WashingtonDC U.S.A. WIDOWED | DIVORCED [Prince George's Give Pages 24 hours after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life even if retired.)
Transp.Specialist give street oddress) General Comm. Dept. Prince George Hospital Cheverly 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER Aptali09 George's Hvattsville YES NO 620 Sheridan the Chief Medical Examiner's Affice Item 1 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME Middle Compher Mollie in a Maurice Michaell. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** within pencil (Yes. no. or unknown) (If yes give war or dates of service) Tsma C. Michael same as above File APPROXIMATE INTERVAL within be executed 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure minutes DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease unknown **burial-transit** Conditions, if any, which gave rise ta immediate cause (a), This certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= farwarded ta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, NO SE pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town 21f. LOCATION Street or R.F.D. No. County State factory, office building, etc.) FUNERAL DIRECTOR: Page NOT WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection X and in my opinion Inquiry death resulted fram: Natural causes Accident [Suicide Homicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health NAME (Type) ADDRESS(Street, city, tawn, ar caunty) Riverdale. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (State) BURIAL, CREMATION (County) 16/69 Washington, D. Rock Creek Cemetery 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURI S. H. Hines Company Washington, DC DATEJAN VR A15ME (5) 10M REV. 1/68

MARTLAND STATE DEPARTMENT OF HEALTH

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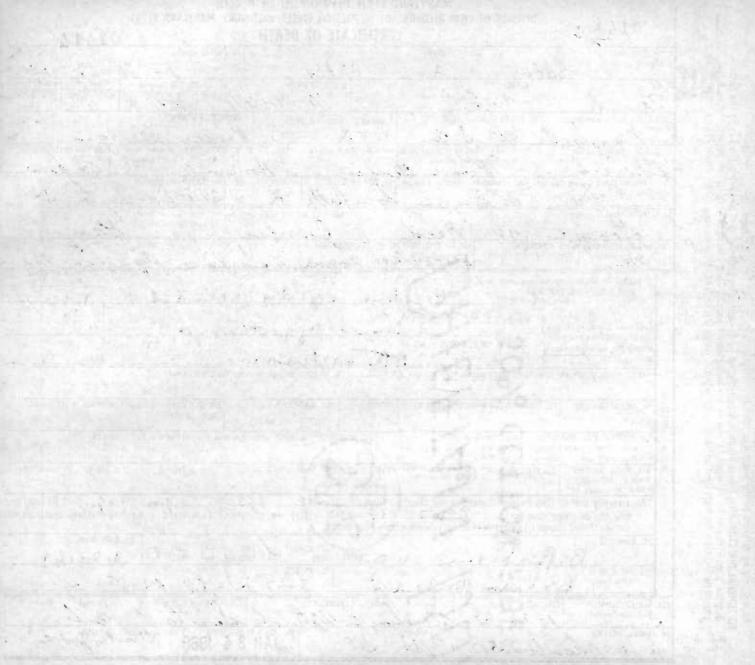
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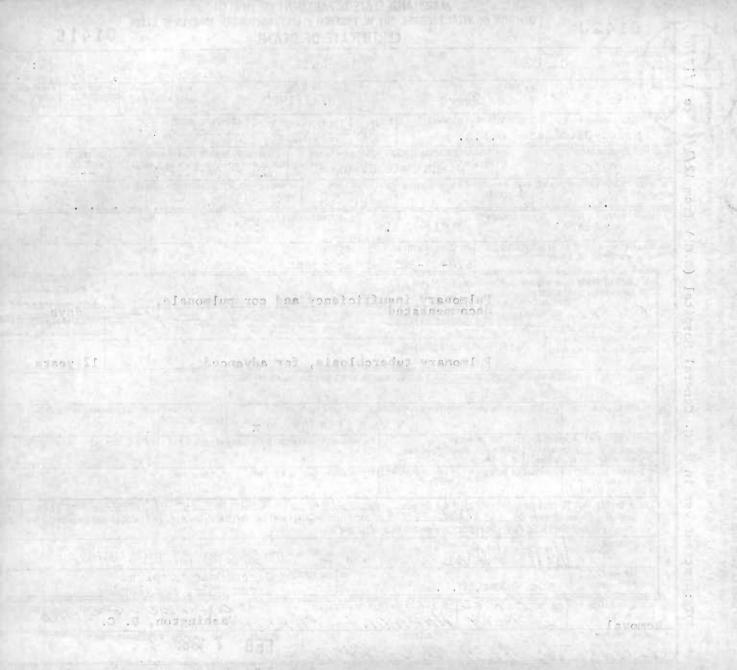


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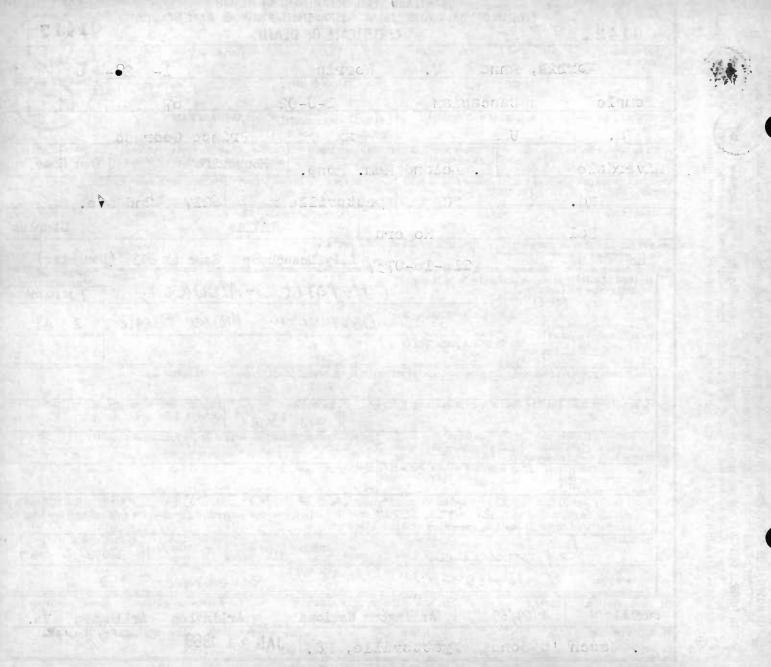
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TO HOSPITAL Page 4 may TO FUNERAL director, pag shauld be fi	230. BURIAL, (REMATION, REMOVAL (Specify) Removal 2-1-69 HARMONT PARK Washington, D. C.	1010
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MAKTLANE STATE DEPAKTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH CERTIFICATE OF DEATH 1. DECEASED-NAME (Type or print) GRACE DOVE MOSEDALE S. DATE OF BERTH S. DATE OF BERTH S. DATE OF BERTH J. D. SIRRIPACK (Stote or foreign To. SIRRIPACK (Stote or foreig	1				DIVISION OF V				NI OF HEA		D 21201		
Comment Continue			01422		DIVISION OF	THE RECORD				RE, MARTLAN		1418	
Female White Sept. 5.1881 Sept. 5.1881 Sept.	death.	(Туре					MOSE	EDALE			nt26 Day	.969°°°	
U.S.A. WIDOWED DIVERDING Prince George Md	hours after		emale			е				6. AGE	(In years irthday) YRS.		
Hyattsville Sau USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md	Min 72 hou	country	Va						LLV .		George)	Md
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Rebecca Dove 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Rebecca Cox. 18. CAUSE OF DEATH (Enter only one couse per Jine for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE to, or as a consequence of sorting the underlying couse (b) APPROXIMATE WITEVAL SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	00	Ну	attsvil	lle	give str	301.Buc	chenan	at in haspital					BUSINESS OR
Levi Dove 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (b) 2. DEATH OF OPERATION 196. CONDITIONS FOR WHICH OPERATION WAS PERFORMED 196. CAUSES OF DEATH? 2. DEATH OF OPERATION 196. CONDITIONS FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 2. DEATH OF OPERATION 196. CONDITIONS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 2. DEATH OF OPERATION 196. CONDITIONS FOR WHICH OPERATION WAS PERFORMED 196. HOUR A.M. Month Doy Yeor P.M. 199. Month Doy Yeor P.M	buriar, cremarian, or removal, and in any event w	13a. USI admissia			lived, if institution 13 Princ				INSIDE CITY LIMITS?	13e. STREET AN	NUMBER	anan	
Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one couse per Jine for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF lost. Out To, OR AS A CONSEQUENCE OF lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? OR CONTRIBUTING		14. FATH	-			Last	15			Dove	Middle		Lost
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		EDICAL FILL	OR CONTRIBUTING () either, natify med	cause of DEATH	HOUR A.M. P.M.	Month Doy Ye	or 19					· ·	
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saw the deceased alive an 196 4, and that in my (aur) apinian death accurred in the date and haur and fram the causes stated abave (1) (we) (did) (did not view the bady after death.	1		1/11/			M.s	DEGR	EE PHYS.	DIRECT	OR STAFF PHYS.	22c.	DATE SIGNED	
22b. SIGNATURE DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. 22c. DATE SIGNED 22c. DATE SIGNED		BRE	MOVAL (Specify)	23b. DA	28-6	9 23c NAME C	OF CEMETERY OR	(REMATORY) 230	Suit	lano	L	(State)
22b. SIGNATURE DEGREE ATTENDING MED. DIRECTOR STAFF DIRECTOR PHYS. 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 28-69 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23d. LOCATION (City or Town) Caunty) (State)	69	24. FUN	ERAL DIRECTOR	300	neral H	STE ADDRE	85 pm &	(11)	Sa. REC'D BY REC		REGISTRAR'S	SIGNATURE	let.

JAN 2 9 1369 PER - E. PAR

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02840 01423 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Lost 2a. DATE KNOWN Manth Doy 2b. HOUR OF ESTI-DEATH MATED 1-9-69 (Type ar Print) any delay is 2, and 3 ta PM3. Page AM M Joseph Albert 6. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 4. RACE 2d. HOUR 3. SEX S. DATE OF BIRTH 690 19 4: 30pm M White 12-5-1921 47 YRS. Male 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED 9. COUNTY OF DEATH alang with farm Wash D.C. WIDOWED | DIVORCED [U.S.A. Prince George's 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work dane | 12b. KIND OF BUSINESS OR 24 haurs after death Wooded Area off District Heights Parkway

| Wooded Area off District Heights Parkway | Guring most of working life, even if retired.) | INDUSTRY | D. C. Plumbing Thapector | ISOLUTION | Prince George's District Heights NO AME [Horisians 7925 District Heights Pkway I dig IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Thomas Nalley R. Nellie Clay pages 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT **ADDRESS** ne certificate, writing the ward "pending" in pencil should be farwarded to the Chief Medical Examines (Yes, no, ar unknown) 579-16-8718 Arlene G. Nalley (above address) event within 72 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)
Gun shot wound of head (Wife) permit. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (o), This certificate should please execute the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20. AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES NO K 3 should be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING CAUSE OF DEATH 1-9- 1969 Shot self with .22 cal. revolver 21f, LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, · City or Town County -Stote Toctory, office building, etc.) Wooded area off District Heights Parkway, Prince George Co., Md. 22a. I certify that I taok charge of the remains described above, held on Autopsy , Inspection Tx Inquiry , and in my opinion death resulted from: Natural souses . Accident , Suicide , Hamicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 2-17-69 TO FUNER Health **EXAMINER'S** Riverdale, Md. John Kehoe MD ADDRESS(Street, city, tawn, ar caunty) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE 230. BURIAL CREMATION (County) REMOVAL (Spec Nalley's Funeral ADDRESMt. Rainier 250. RECD BY REGISTRAR 256. REGISTRAR'S SIGNATURE Home Inc. Maryland DATE FR 2 4 1969 Claryland 2/20/69 Melenda Judge VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01419 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month 2b HOUR (Type or Print) ESTI-Poge 198: 50pmM Department of DEATH MATED X Northup Myra deloy and 3 AGE (In years 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR 2, and PM3. lost birthday) Month 69199:10pm M 9-21-1891 Female White YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH with form USA Rhode Island WIDOWED IX DIVORCED [Prince George's Give Pages the Stote 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ofter deoth Home give street oddress) during most of working life, even if retired.) eland Hospital Riverdale Housewife 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE George 's College Park YES NO 9202 Davidson Street hours Ten P IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle Lost First Middle Wm M Borden Clark Minnie _= hours Examiner's pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT pencil ADDRESS (Yes. no. or unknown) (If was give war or dates of service) 220 54 1541 Edith G Donaty College Park. Md. File APPROXIMATE INTERVA within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) be executed permit. BETWEEN ONSET AND GEATH Chief Medical PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (o) Heart failure minutes DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease event unknown buriol-transit Conditions, if ony, which gove rise to immediate couse (a). certificate should ony the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse the .= forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 writing 00 Diabetes - over 20 yrs. removol, nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate, YES [NO IX pe shauld be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M cremation, CAUSE OF DEATH 21d. INIURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) DIRECTOR: Page WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry and in my opinion Notural causes & Suicide [death resulted from: Accident Homicide Undetermined manner pleose prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1-22-69 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy O FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) Riverdale. ohn Kehoe MD 230. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Jan 25, 1969 Middletown Cemetery New Port New Port R. I Burial 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** Hyattsville. ons Cleaner VR A15ME (5) 10M REV. 1/68

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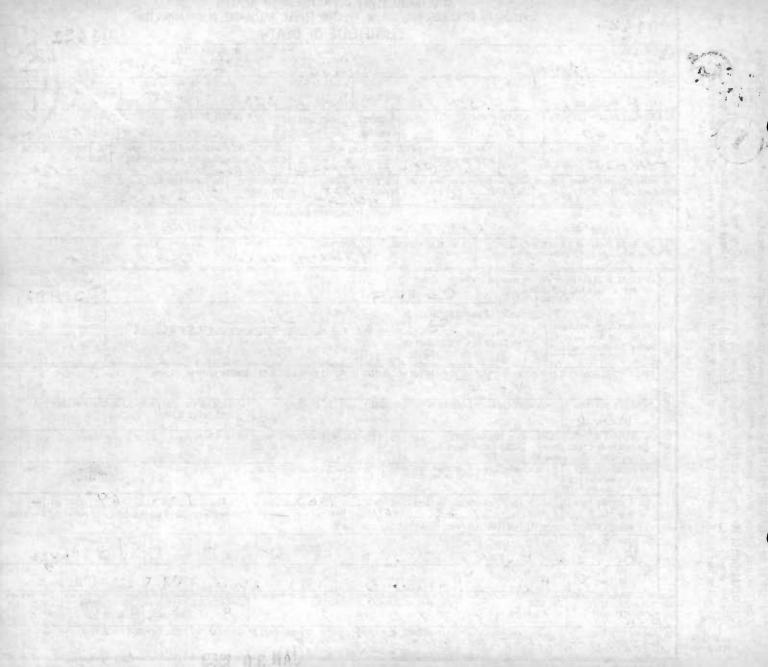
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Month Year 2b. HOUR (Type ar Print) John Albert Norton ESTI-DEATH MATED am M delay and 3 6. AGE (in years last birthday) 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 2c. DATE PRONOUNCED DEAD 2d. HOUR Day Year 169 1:30 W 7-18-09 59 YRS. M 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH in Item 18. Give Pages 1, alang with farm USA WIDOWED TX DIVORCED Prince George shauld be executed within 24 hours after death e word "pending" in pencil in Item 18. Give Pans 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Prince George Hosp during mast of working life, even if retired.) INDUSTRY give street address) Hyattsville 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 2113 Charleston Pl. Hvattsville YES NO the Chief Medical Examiner's Office and, 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME James Norton Hettie Kidwell haurs 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, na, ar unknawn) (If yes give war or dates of service) Mt Vernon James R.Norton within 72 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART 1. DEATH WAS CAUSED BY: permit. BETWEEN ONSET AND DEATH Min. Carbon monoxide intoxication IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a). please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause and in farwarded ta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY POR CONTRIBUTING Ran hose from exhaust to inside of home. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.).
Garage of home FUNERAL DIRECTOR: Page NOT WHILE AT WORK home 22a. I certify that I taok charge of the remains described above, held an Autapsy A Inspection [X]. Inquiry [-X] and in my opinian Natural souses deoth resulted fram: Suicide Undetermined monner Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE. 1-26-689 DEPUTY MEDICAL EXAMINER 5 n. TO FUN Health **EXAMINER'S** John Kehoe, M.D., Riverdale ADDRESS(Street, city, tawn, ar county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION, 23b./DATE 23d. LOCATION (City or Town) Burial (Specify) 27.1969 Ft Lincoln Cemetery Colmar Manor, Md 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15ME (5) Musilen Lee Funeral Home. 300.4th st N E 1969 10M REV.

MARYLAND STATE DEPARTMENT OF HEALTH

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rtificate ohysicia on plea ovol, an		es, no, ar unknown) (If yes give w	AED FORCES? rar ox dates of service)		NFORMANT VILLIAM NO	Addre 2103 1	VERSON
bing PHYSICIAN: The low requires that the death certificate be executed within by the haspital or attending physician. After this certificate has been signed by the ottending physician and completely to be detached for use as the burial-transit permit. Then please remove carban State Dept. of Health prior to burial, cremation, or removal, and in any event, with		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)		b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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		rise ta immediate cause (o), ((b) DUE TO, OR AS A CONSE		2 rd Civt	315050 6 6000	4
		stoting the underlying cause last.	(r)	Sevil-1			
		PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DE		O THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(a)	
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PHYSICIAN: e hospitol or nis certificate rtoched for u Dept. of Heal	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEA!	HOUR A.M. Manth	Doy Year		ter noture af injury in Port 1 ar Pa	rt 2, Item 18.)
s PHYS the hos this ce detoche e Dept.	ME	at work at work	PLACE OF INJURY (AT HDME, FA				Caunty State
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OR ATTEN be retained DIRECTOR: A je 3 should ed with the		22b. SIGNATURE	5,(1) (110) (010) (010 1101)	view ino body dire.	- 100	MED - CTAFF	22c. DATE SIGNED
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MAKTLAND STATE DEPARTMENT OF HEALTH



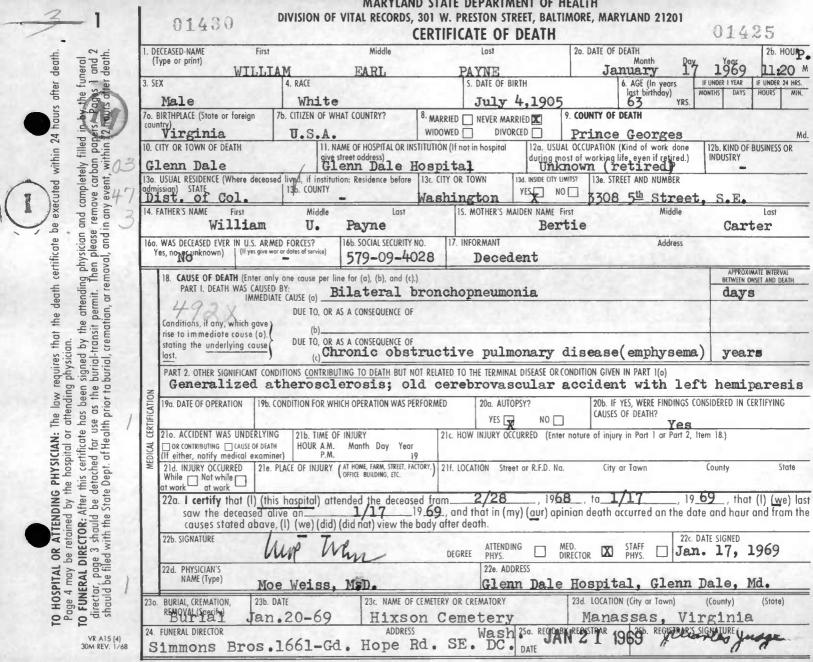
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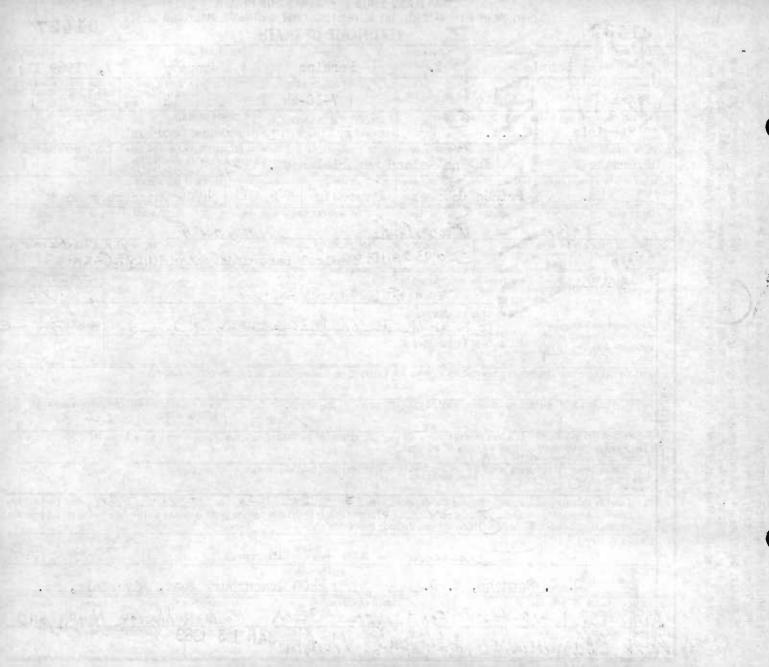


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MAKTLAND STATE DEPARTMENT OF HEALTH

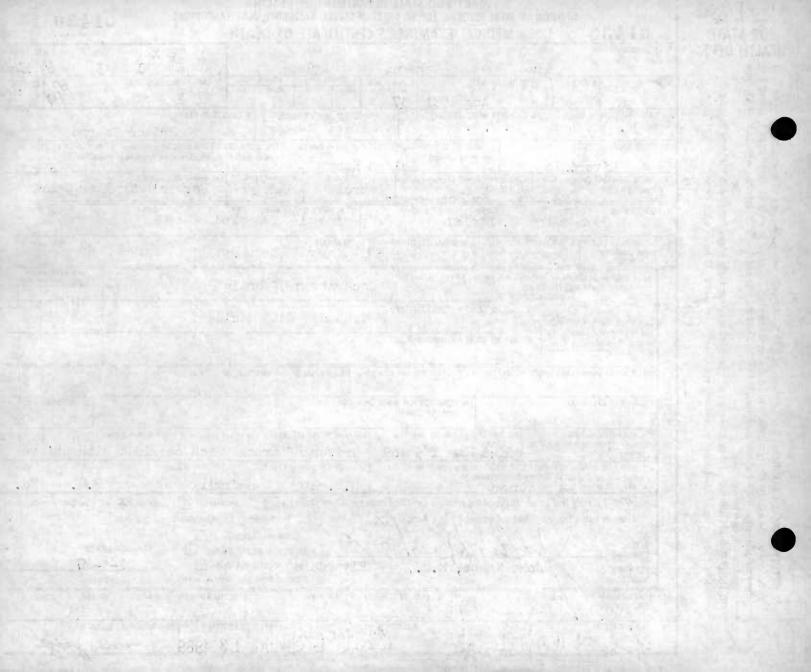


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	3. SE		4. RACE	, , , , ,		S. DATE OF B			6. AGE (In year	ors _	IF UNDER 1 YEAR MONTHS QAYS	IF UNDER 24 HRS.
1		Male		gro		1	t 31, 189			YRS.		Table 1
	7o. E	BIRTHPLACE (State or foreign ntry) Tennessee		WHAT COUNTRY?	8. MARRIED	NEVER MAI		Prince	EATH Georg	ges		Md
	10. C	Clern Dale	11 gi	NAME OF HOSPITAL OR IN ive street address) Gler	nn Dale	Hospi	12a. USUAL OC	CUPATION (I warking lit	Kind af wark fe, even if ret Reti	dane tired)	12b. KIND OF B	
	13o. adm	USUAL RESIDENCE (Where deceosission) STATE C.	ed lived, if inst 13b. COUNT	itution: Residence before Y		ington	YES NO		ET AND NUMI		Avenue	, N.W.
		ATHER'S NAME First	Middle			S. MOTHER'S M	AIDEN NAME First		Mic	ddle		Last
		William	L.	Peyton, S			Mary			4	Tugg	le
	160. Y	WAS DECEASED EVER IN U.S. ARM es, no or unknown) (If yes give w	IED FORCES? ar or dates of service)	16b. SOCIAL SECURITY 408-12-23		Deced Deced	lent		Add	dress		
ı		18. CAUSE OF DEATH (Enter on	y ane cause pe	er line far (a), (b), ond (c)	.)						APPROXIMA BETWEEN ON	ITÉ INTERVAL SET AND CEATH
		PART I. DEATH WAS CAUSED) BY: .TE CAUSE (a)	Bronchopney	monia	with a	bscesses			-	days	
		1621	DUE TO, O	OR AS A CONSEQUENCE OF								
		Conditions, if ony, which gave rise to immediate cause (a),	(b)_							100		
ı	N	stating the underlying cause	DUE TO, O	OR AS A CONSEQUENCE OF			7		-1 +1a	-t		
		lost.	(c)_	Bronchogeni	c car	cinoma,	right I	ing, v	vi th me	ecas	- 5 mo	•
	z	PART 2. OTHER SIGNIFICANT CON Right pulmona	ry rese	ection 11/8/	101 RELATED T	O THE TERMINA	AL DISEASE OR CONDI	TION GIVEN	IN PART 1(a)			
	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20a. AUTO			'ES, WERE FINI OF DEATH?	DINGS CO	ONSIDERED IN CER	TIFYING
	RTIFI	Carlindon -				YES 🔀						
		21a. ACCIDENT WAS UNDERLYING CAUSE OF DEAT		E OF INJURY .M. Month Doy Yeor		IOW INJURY OC	CURRED (Enter notu	ire of injury	in Part 1 ar	Part 2, I	tem 18.)	
	MEDICAL	(If either, natify medical examin	ier) P.	.M. 1	9							612
	W	While Not while	PLACE OF INJUR	OFFICE BUILDING, ETC.	0.00				r Tawn		County	Stote
		22a. I certify that (1) (the saw the deceased a causes stated above	s haspital) o	attended the deceas	ed from_ 19_ 69 , an	10/7/ id that in (a	, 19 <u>68</u> (aur) apinian	, ta death ac	curred an	, 19_ the da	69 , that te and haur a	(we) last
			, (X (we) (di	id) ্ব্যার্থস্কর) view the	bady after	death.						BUSINESS OR BUSINESS OR Last gle ERTIFYING Stote RET (we) la and fram th
		22b. SIGNATURE	M V	Vhu	DEG	11113.	DIRECT		STAFF PHYS.		DATE SIGNED 22/1969	
		22d. PHYSICIAN'S NAME (Type) M O	e Weiss	s, M.D.		22e. ADI	Glenn I	Dale,	Mary	ano		400
	230.	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF	CEMETERY OF	CREMATORY	230	LOCATION	(City or Tow	n)	(County)	(State)
		REMOVAL (Specify)	1/29/		ver M	emoria	2Sa. RECD BY REG	Law	_		Md.	
	24.	FUNERAL DIRECTOR		ADDRESS	5		2Sa. REC'D BY REC		4.07	STRAR'S	SIGNATURE	
		19.71. des Tas		37 H 1300			DATAN 29	1969				4

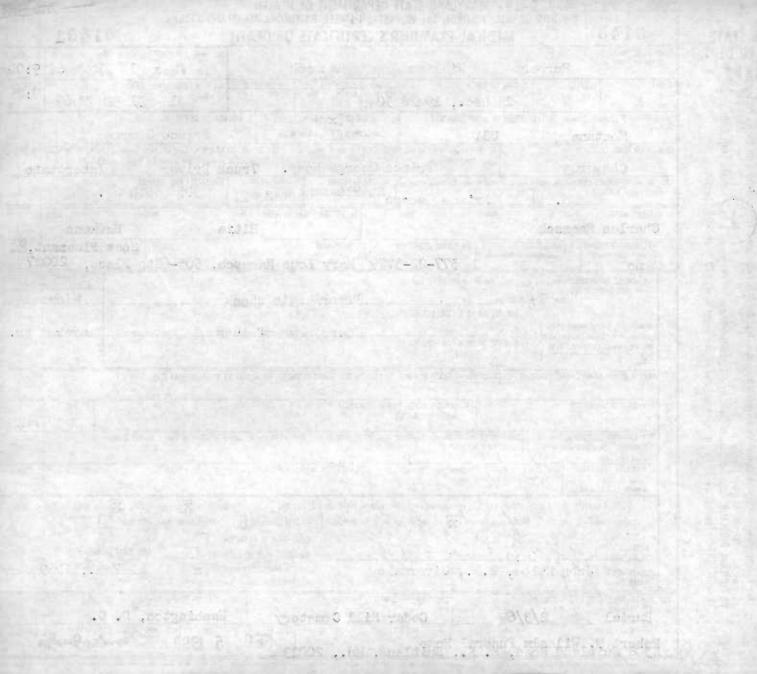
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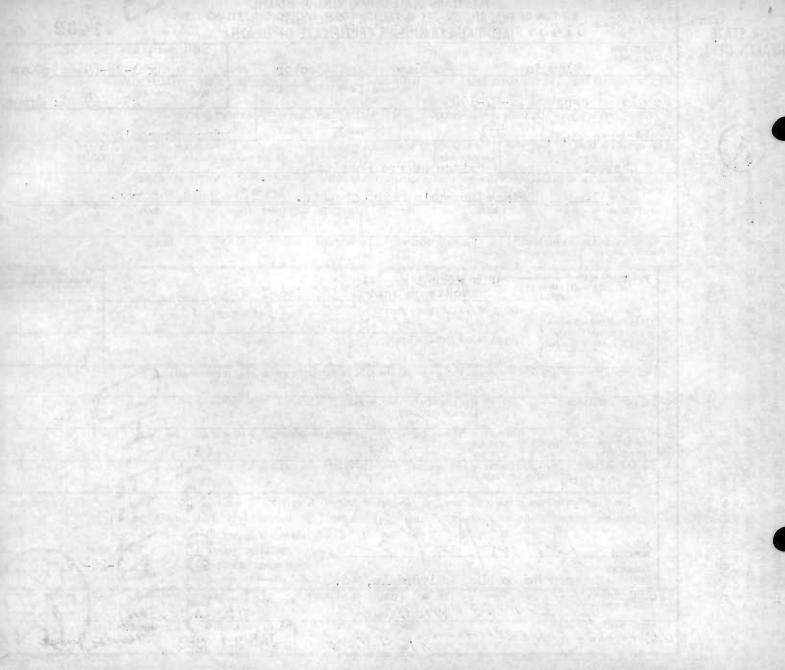
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01430 01435 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle First Last 20. DATE KNOWN 2b. HOUR Year (Type or Print) ESTI-Page IM MI ō Pyles 19 Eugenen DEATH MATED Rau iny deloy 2, and 3 1 4. RACE IF UNDER 24 HRS. 3 SEX AGE (In years 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 2, a. P.M3. 5 Aug 1931 Depart YRS. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH along with form country) W. Va. U.S.A. DIVORCED [WIDOWED [Prince George Give Poges the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street address Riverdale eland Hosp 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER Barber's Trailor Court 13b. COUNTY admission) STATE Prince George Laurel YES A NO Item Middle Maggie Virginia Yost Middle 14. FATHER'S NAME First Last 1S. MOTHER'S MAIDEN NAME First Benjamin H. Pyles .⊆, 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn)
∨⊖S Mary Ellen Pyles Laurel. Md 48 1652 word "pending" in per the Chief Medical Exam File APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH Laceration of brain PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). event 1 DUE TO, OR AS A CONSEQUENCE OF auto accident burial-tronsit Trauma Canditians, if any, which gave rise to immediate cause (a), the certificate, writing the word 4 should be farwarded to the Ch certificote should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 2. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 00 or removal, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, NO 🔀 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY Month, Day, Year suppor 3 should PRIMARY OR CONTRIBUTING cremotion, Driver of truck which collided with bridge am 1 5 19 69 CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE AT WORK AT WORK P.G. Md. U.S. 1 Muirkirk Street 22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X and in my apinian Natural causes . / Accident x Suicide . Hamicide death resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Riverda Leuty MEDICAL EXAMINER & John Kehde. **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 50 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specily) 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68



4 9	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	0 4 4 0 0	431
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Month Day	Yeor 2b. HOUR
y delay , and 3 PM3. rag ariment	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	Year 169 24 Holle Year 169 9:25
form te Dep	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	Me
haurs after death. tem 18. Give Pages 1, Office along with farm and with the State De after death.		KIND OF BUSINESS OR DISTRY
N - N - 010	admission) STATE Md. 13b. COUNTY Prince George St Pleasant YES NO 505 68th Pl.	
-1-4-10	Charles Raemsch Bitie Hawi	ken s
within 24 in pencil in Examiners	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknawn) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Seat 1 577–22–3779 Mary Loue Raemsch, 505–68th Place	
xecuted and in Medical Experimit. Fix within	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemographic shock	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes
auld be e word "per the Chief I rial-transit	DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a). Stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF Carcinoma of lung (c) Carcinoma of lung	over 1 yr.
ficate ing the ded to ded to as a b	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
This certificate shauld cate, writing the word be forwarded to the Ct be used as a burial-tremaval, and in any	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1	20. AUTOPSY? YES NO NO
# 9 9 9	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	ounty State
	WHILE NOT WHILE factory, office building, etc.)	
TO DEPUTY	22a. I certify that I taak charge of the remains described abave, held an Autapsy, Inspection, InquiryX, death resulted fram: Natural causes, Actident, Suicide, Hamicide, Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (Type) ACTUAL SIGNATURE ADDRESS(Street, city, town, ar county) ACTUAL SIGNATURE ADDRESS(Street, city, town, ar county)	
10 5 # 10 H	23d. BURIAL, CREMATION, REMOVAL (Spedfy) Burial 23b. Date 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity or Town) (Courseless of the Course of	
VR A15ME (5)	24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR'S SIGNAL BADRESS 2	y Jugge



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FOR STATE	2		SION OF VITAL RI			ERTIFICATE			01432
HEALTH DEPT	1.0	ECEASED-NAME	First	Midd		Lost	OF DEATH		
		Type or Print)						2a. DATE KNOWN Manth	,
Page 15	3. 5		udia	Beas	6. AGE (In years	Rect	IE UNDER 24 HRS	DEATH MATED 3 1-2	
			S. DATE OF BII		last birthday)	MONTHS OAYS	HOURS MIN.	Month Day 5	Year 2d. HOUR
2, and de Manager Mana		emale Negro			63 YR		0.000		69° 191:00pm M
2-3-	cgun	itry)	76. CITIZEN OF WE	IAI COUNIKY?		ARRIED NEVER MA		UNTY OF DEATH	
三	Wa	shington D.	USA	AME OF HOSPITA		N (If not in hospital		Prince George!	12b. KIND OF BUSINESS OR
京の書きる つん	10. (III OR TOWN OF DEATH	give	street oddress)	- OK INSTITUTION	- 10 mos m mosphor		of working life, even if retired.)	
24 haurs after death in Item 18. Give Page r's Office alang with the safer set of the country of	130	Cheverly USUAL RESIDENCE (Where d	econsed lived if institu	rince G	eorge	ospital	Bd. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
alange of the state of the stat	0	dmission) STATE				ont Hgts.		5814 L Stree	+
haurs after Item 18. Gi Office alang 1 and 2 with offer death.	14 F	Maryland ATHER'S NAME First	Middle		Lost	Is. MOTHER'S MAI			Last
haurs Item Office offer	19. 1	ATTIER S TRANE	moune		5031	13. MOTHER 3 MAI	DEN NAME 11131	Widole	LUST
thin 24 niner's pages haurs	160	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SEC	IIRITY NO	17. INFORMANT		ADDRESS	
within pencil xaminei ile page 72 hau			s give war or dates of service)	TOU. SOCIAL SEC	OKITI NO.	17. INI OKMANI		ADDRESS	
		10 CANCE OF DEATH /Con.	er gelu ann esure en l		and (c))				APPROXIMATE INTERVAL
urted ical inthii		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CO	AUSED BY:			ditis f	acal		BETWEEN ONSET AND DEATH
se execute "pending" ief Medica nsit permit	-	422 X	TEDIATE CHOSE (U)	AS A CONSEQUE	_	aroro, r	SCAI		
e e e e f l e f l		Canditians, if ony, which go	ove)	. AS A CONSEQUE	INCE OF				
Id b Chi	3	rise to immediate couse (stating the underlying cou	a). (b)	AS A CONSEQUE	NCE OF				
wo wo the		last.	124						HEALT OF LOTHER
e sl the to to i bu		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH B	UT NOT RELATED	TO THE TERMINAL D	DISEASE OR CONDITION	ON GIVEN IN PART 1(a)	
This certificate shauld icate, writing the word be farwarded to the Cl be used as a burial-transmr remaval, and in any								on over mirating	
warit war war sed ava	TION	19a. DATE OF OPERATION		19b. CONDITION		PERATION		Balance of the State of the Sta	20. AUTOPSY?
is c far far rem	CERTIFICATION			WAS PERF	ORMED?				YES NO
ER: This certificate, auld be for the ses.		21a. EXTERNAL CAUSE WAS	21b. TIME OF	INJURY Month, D	ay, Year	21c. HOW INJURY OC	CCURRED (Enter nate	ure af injury in Port 1 or Part 2,	Item 18.)
erti erti buld ss. haul	MEDICAL	PRIMARY OR CONTRIBUTE CAUSE OF DEATH		.M. .M.	19				
sho sho sho ash ash ash	ME	21d. INJURY OCCURRED	21e. PLACE OF INJURY (At hame, farm,	street,	21f. LOCATION Street	or R.F.D. No.	City or Town	County Stote
CAN Te till Tour age crer		AT WORK AT WORK	factory, affice buildin	ig, etc.)					
se execute the certiveter. Page 4 shauld ned far your files. ECTOR: Page 3 shauld a burial, crematian,		22a. I certify the	it I toak charge af t	be remains de	escribed aba	re, held an Auto	psy 🔯 In	spection X, Inquiry	and in my opinion
CTO bur		death resulted fram			ccident .			Undetermined manne	r
please I directo retained I DIREC		/	1 /	1	1	CHI	EF MEDICAL EXAMIN	NER 🗍	
Ty, pleasery, pleasers and directions retain griecital pixel		ACTUAL SIGNATURE	toll	16	17		ISTANT MEDICAL EX		TE SIGNED
OUT Sory In P		FXAMINER'S	1			DEP	PUTY MEDICAL EXAM	IINER 🖾	1-26-69
no DEPUTY		NAME (Type)	n Kehoe MD	Riv	erdale	Md. ADD	DRESS(Street, city, to	awn, ar caunty)	
10 10 10 10	23a	BURIAD CREMATION, REMOVAL (Specify)	23b. DATE			Y OR CREMATORY	23d	I. LOCATION (City or Town)	(County) (State)
			2-1-6	y Wo	odlah	N	U	Vashington	D.C.
VR A15ME (S)	24.	FUNERAL DIRECTOR NIVERSEL F	UNPRZL	Home	ADDRESS	Lur	2Sa. REC'D BY RE		'S SIGNATURE
VK ATSME (3)	100	A			111. 11.	V. NE	DATE A TO	1969 1000	THE VALLE



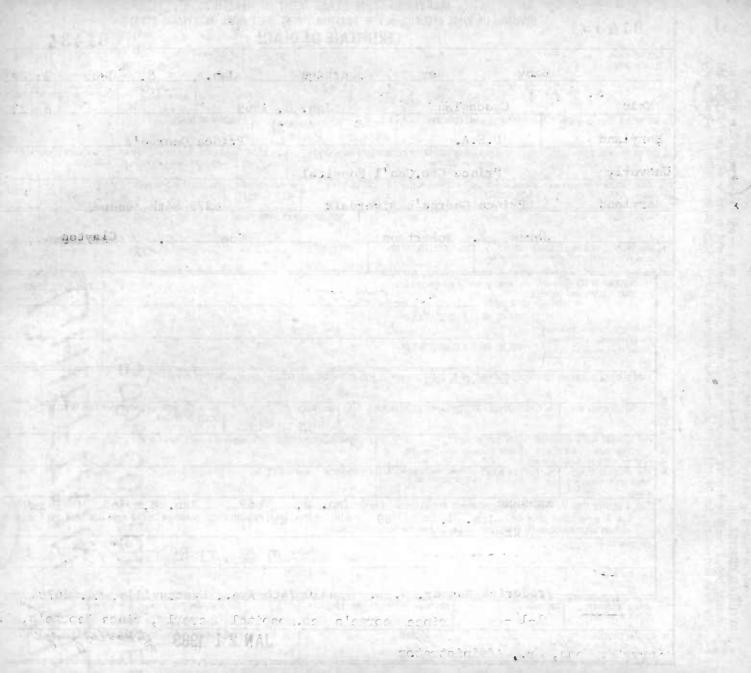
4308 Suitland Road, Suitland, Maryland

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	01439	DIVISION OF		301 W. PRESTON STR		E, MARYLAND 2120	0143	
1.	DECEASED-NAME Fire	st	Middle	Last	2a.	DATE OF DEATH	V 1 1 0	2b. HOUR
	(Type ar print)	Baby	Boy	Robertson		an . Month	1969	2:20PM
3.	SEX	4. RACE		S. DATE OF BIR		6. AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
	Male	Cauca	sian	Jan.	8, 1969	last birthdoy)	YRS. MONTHS DAYS	HOURS MIN.
70	BIRTHPLACE (State ar foreign	7b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED NEVER MARR		UNTY OF DEATH		
(0	Maryland	U.S.	A.	WIDOWED DIVORG	(ED Pr	ince George	1 _S	Md.
10	CITY OR TOWN OF DEATH	11. NA	ME OF HOSPITAL OR IN reet oddress)	STITUTION (If not in hospital	112a. USUAL OCC	UPATION (Kind of work d working life, even if retire	one 12b, KIND OF	BUSINESS OR
	heverly	Prin	ice Geo. Ge	n'l Hospital				
13 ad	n. USUAL RESIDENCE (Where dece mission) STATE Maryland	eased lived, if institution 13b. COUNTY Prince	George's	Riverdale	3d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBE	Avenue	
14	FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAI	IDEN NAME First	Midd		Lost
		James A.	Roberts	son	Su	e G	Clayton	h
16	o. WAS DECEASED EVER IN U.S. A		16b. SOCIAL SECURITY	NO. 17. INFORMANT		Addre		
	1B. CAUSE OF DEATH (Enter	only one couse per line	e for (o), (b), ond (c)	.)	0		APPROXII BETWEEN O	MATE INTERVAL NSET AND DEATH
	PART I. DEATH WAS CAU	SED BY: DIATE CAUSE (a)	Pres		C			
	7777×		S A CONSEQUENCE OF		7			
	Canditians, if any, which gave	e) /L)					12000	
	rise to immediate cause (a) stoting the underlying cous	11	S A CONSEQUENCE OF		TAPES SA			
L	last.	(c)						17 - 11 11
l	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUT	ING TO DEATH BUT N	IOT RELATED TO THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART 1(a)		
CERTIFICATION	19a. DATE OF OPERATION 19	b. CONDITION FOR WHI	CH OPERATION WAS P	ERFORMED 20a. AUTOP	PSY?	20b. IF YES, WERE FINDIN	NGS CONSIDERED IN C	ERTIFYING
200				YES CH	NO 🗆	CAUSES OF DEATH?		
						e af injury in Part 1 or Pa	ort 2, Item 18.)	
MEDICAL	G OR CONTRIBUTING CAUSE OF D	HOUR A.M.				1000		
1450		le. PLACE OF INJURY (21f. LOCATION Street	ar R.F.D. No.	City or Town	Caunty	Stote
	While Not while at work at work				10 / 2		10.50	(I) () (
	22a. I certify that (I) (NASANGENTAR) atte	nded the deceas	ed tram Jan 8,	, 19 <u>.69</u> .,	double accurred as the	, 19 <u>69</u> , that	(I) xxxe) last
1	22a. I certify that (I) (saw the deceased causes stated aba	ve. (I) (we) (did) (did not) view the	bady after death.	(XX) ahiiian	deam accorred an in	ie date alla flauf	and moin me
L	22b. SIGNATURE	88	XXXX				22c. DATE SIGNED	1 1
ı	11	Man		DEGREE PHYS.	G MED. DIRECTO	OR STAFF PHYS.	1/81	69
1	22d. PHYSICIAN'S			22e. ADDR	RESS	ETC - S-SIE		
	NAME (Type)	Frederick	Musser. M	D 4410	74th Ave	llyattsvil	1e Md 2	0784
23	g. BURIAL CREMATION. 231	b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d	. LOCATION (City ar Town)	(County)	(State)
	REMOVAL (Specify)	1-18-69		George's Gen.				
2	FUNERAL DIRECTOR	11	DDRES	S	2So. RECT NY RES	ISTEAR 19696 REGIST	PAR'S SIGNATURAL	dec.
5	Porting Portin	.Tr/ Admi	nistrator		DATE	- 1000	0	V

MARYLAND STATE DEPARTMENT OF HEALTH

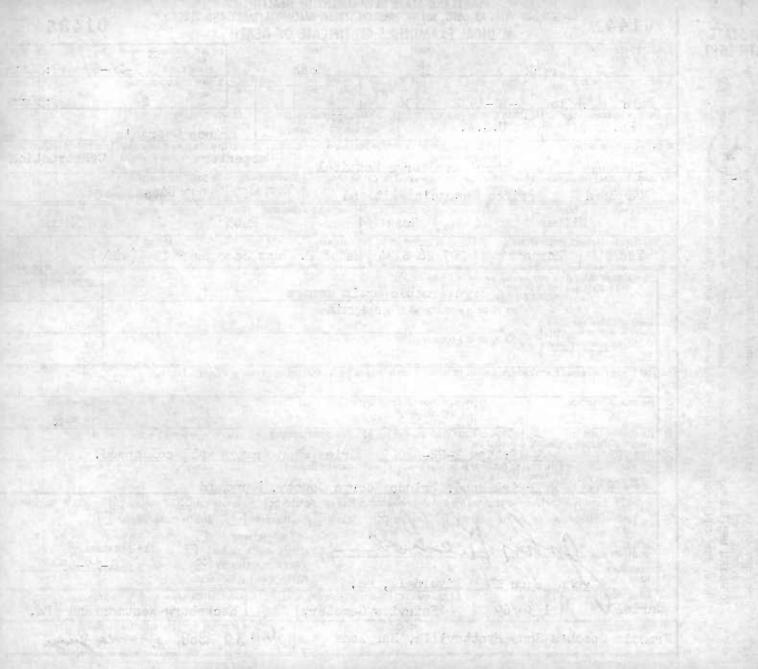


MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01440 01435 CERTIFICATE OF DEATH tried in by the funeral papers. Poges 1 and 2 thin 72 hours after death. 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR ours after death. (Type or print) Manth Augustus Ross Jan. 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years last birthday) MONTHS HOURS Male June 7, 1904 Negro 64 7b. CUTZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED [] NEVER MARRIED country) WIDOWED F DIVORCED Prince George's
12a. USUAL OCCUPATION (Kind of work done event, within 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with give street address) during most of working life, even if retired.) INDUSTRY Cheverly Prince Geo. Gen'l Hospital
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN completely nove corbo 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO remove Maryland Prince George's 5420 Ode11 Rd burial, cremotion, or removal, and in ony 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Hall puo Ethel James Ross physicion nen pleose 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dotes of service) Yes, na, ar unknawn) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH 24 hours IMMEDIATE CAUSE (a) Coronary Thrombosis, Acute DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave) (b) Arteriosclerotic Heart Disease. vears rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital ar ottending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the t f Health prior tab hos been Bronchoneumonia
Ti9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES [NOKIK TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for us should be filed with the Stote Dept. of Healt 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M If either, natify medical examiner) director, page 3 should be detache should be filed with the State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED City or Town County While Nat while at wark 220. I certify that (I) (this base in Jan. 28, 1969, that (I) (we) lost saw the deceased alive an Jan. 28, 1969, and that in (my) four apinian death accurred an the date and hour and from the causes stated above. (I) [we) (did) (this tot) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE truen ATTENDING Jan. 28, 1969 DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Norman D. Comeau, M.D. 3503 Perry St., Mt. Rainier, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b. DATE 23a. BURIAL, CREMATION 2-1-69 Queens Chapel Beltsville, Md 250. REC'D BY REGISTRAR 19695b. REGISTRANS YOURS Rockville, VR A15 (4) 30M REV, 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

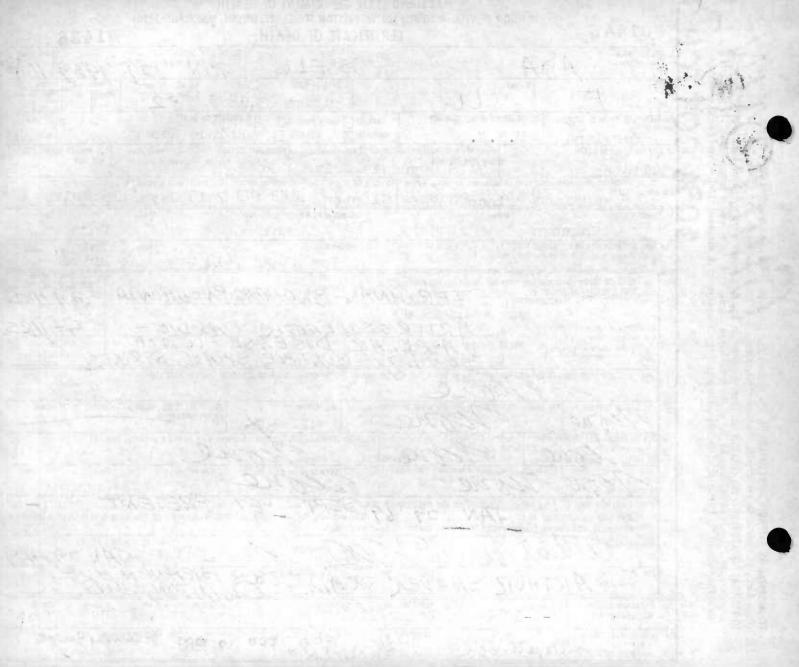
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01443 CERTIFICATE OF DEATH 01438 1. DECEASED-NAME Middle Last 20. DATE OF DEATH First 2b. HOUR death (Type or print) Month 4. RACE after 3. SEX S. DATE OF BIRTH 6. AGE (In years last botheray) DAYS MONTHS HOURS 23.1886 august YRS. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Prince George WIDOWED X DIVORCED | Maryland 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY and in any event, wit Drive Clinton camplete car 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed YES NO 7418 Gwyndale Drive Clinton remave George 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First and Smith Unknown Annie Unknown Address Clinton. 16b. SOCIAL SECURITY NO 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknown) burial, crematian, or remaval, Clark 7418 Gwyndale Drive Alice APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) MINAL BRONCHOPNEDMONIA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A signed by the burial-transit the Canditions, if any, which gave) ERIO SCLEROTI rise ta immediate cause (a). DUE TO, OR AS A stoting the underlying couse SMALLI PART 2. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been detached for use as the te Dept. of Health priar to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH2 YES 🗍 certificate 2) a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJUR 21c. HOW INJURY OCCURRED inter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M be detached State Dept. c (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Tawn County TO FUNERAL DIRECTOR: After this 22a. I certify that (I) (this haspital) attended the deceased from SEPT, 1967, to MESENT, that (I) (we) last saw the deceased alive an January 1967, and that in (my) (eer) apinian death accurred on the date and haur and from the ro Hospital or Attent Page 4 may be retained director, page 3 shauld shauld be filed with the causes stated abave. (1) (me) (dig) (did not) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED MITENDING DIRECTOR 22d. PHYSICIAN'S 22e_ADDRESS NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) BURIAL EREMATION 23b. DATE 2-1-1969 REMOVAL (Specify) Cedar 24. FUNERAL DIRECTOR REGISTRAR

MAKTLAND STATE DEPAKTMENT OF HEALTH



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01441 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME Middle 2a. DATE KNOWN Manth Dov (Type or Print) ESTI-DEATH MATED THE 19. 1969 Selby Elizabeth IF UNDER 1 YEAR 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SEX June 19, 1962 female white YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED X country) Md USA DIVORCED [WIDOWED [Prince George's the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) **INDUSTRY** Cheverly George's Hospital Prince Student School n 18. Già 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 311 Lawrence St. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, GTY OR TOWN 13b. COUNTY Pro George's Riverdalle odmission) STATE YES X NO 6237// //64tly ave/. lond 2 in Item r's Office ofter Middle Last 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Norman S Selby Betty A Mc Donald hours word "pending" in pencil in the Chief Medical Exominer's 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within (Yes, no, or unknown) (If yes give war or dates of service) Colmar Manor. Norman Selby Md. none no APPROXIMATE INTERVAL ony event within 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), ond (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditians, if any, which gove rise to immediate couse (a). This certificate should should be forwarded to the C DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removol, nsed 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? 190. DATE OF OPERATION WAS PERFORMED? the certificote, YES 🗀 0 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 69 21c. HOW INJURY OCCURRED (Enter nature of injury in Bart 1 or Port 2, Item 18.) should PRIMARY OR CONTRIBUTING HOUR A.M cremation, :30 PM CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Steet or R.F.D. No. City of Town County State foctory, affice building, etc. FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK Riverdale Rd. #5 Riverdale Md. please execute director. Poge buriol, 22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my apinion Accident V death resulted from: Natural causes Undetermined manner Suicide Homicide 5 mc, TO FUNERAL Heolth prior t CHIFF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) 230. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Ft Lincoln Cemetery Colmar Manor Pro Geo Md. Jan 22, 1969 Hyattsville, Md. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR F. Gasch's Sons VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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	Information take birth certif.	01447	CERTIFICA	TE OF DEATH			028	
	DECEASED-NAME First (Type ar print) Baby	Middle Bov Se	ellman	Last	2a. DATE OF	DEATH Month 1/ 25/	69 Year	2b. HOUR P
3.	SEX	4. RACE		DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male	Negro		1/25/69		last birthday) YRS.	MONTHS CAYS	Haurs Min.
	BIRTHPLACE (State ar fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH		
	Cheverly, Mc		WIDOWED	DIVORCED 🗍	Princ	George 's	County	Md.
10.	Cheverly	11. NAME OF HOSPITAL OR I	NSTITUTION (If nat i	n haspital 12a. USL during n ge's Hospit	IAL OCCUPATION nast of working	(Kind af wark dane life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
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adı	mission) y Tand	Prince George's	Marlbon	VEC CO.		F.D. Box39	19	
14.	FATHER'S NAME First	Middle Last	1S. A	NOTHER'S MAIDEN NAME		Middle		Last
1/	Francis	Bernard Brown	(110 117 115	Agnes Loui	se Sell			
10	a. WAS DECEASED EVER IN U.S. ARM Yes, na, ar unknawn) (If yes give wa	ED FORCES? If or dotes of service)	r NO. 17. INF	ORMANT		Address		
=	18. CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (:).)	1.11	2			MATE INTERVAL NSET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIATE	BY: (a) Alaboria	Trues	of the	///	dan	BETWEEN OF	RISET AND DEATH
	7769	DUE TO, OR AS A CONSEQUENCE O	E	10				1795
	Canditions, if any, which gave rise to immediate cause (a),	(b) Anema	lusil	Il some	ne, 3	50 grad		
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	F	1				N. 18
	last.	(c)						
	Total California	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISEASE OR	CONDITION GIVE	I IN PART I(a)		
CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS I	PERFORMED	20a. AUTOPSY?	20b. IF	YES, WERE FINDINGS (ONSIDERED IN CE	RTIFYING
TIFIC				YES NO	CAUSES	OF DEATH?		
				INJURY OCCURRED (Ent	er nature af injur	y in Part 1 ar Part 2,	Item 18.)	
MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, natify medical examination)	er) P.M.	19	L				
W	While Nat while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		TION Street ar R.F.D. N		ar Tawn	Caunty	State
	22a. I certify that (1) (this	s haspital) attended the decea	sed fram_1/:	25/69 , 197	:08Pta1/:	25/69 , 19	7:15Phat	(I) (we) last
	saw the deceased all	(I) (we) (did) (did not) view the	17, and to	hat in (my) (aur) ap ath.	oinian death c	occurred an the do	ite and haur (and fram the
	22b. SIGNATURE	A - A - A - A - A - A - A - A - A - A -	2		1450		DATE SIGNED	Phi Thi
	- as	w to tar	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		
	22d. PHYSICIAN'S NAME (Type) Pab 1	0 7 .		22e. ADDRESS		X		
	1 ab 1	o S. Falo			4/	General H		
23	BURIAL, CREMATION, REMOVAL (Specify) 23b. D		George	s Gen. Hosp.		N (City or Town) rly, Princ	(County)	(State) e s Md.
	FUNERAL DIRECTOR	ADDRES			BY REGISTRAR	2Sb. REGISTRAR'S		
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MARYLAND STATE DEPARTMENT OF HEALTH 01449 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH 1. DECEASED-NAME First 2b. HOUR death. (Type or print) executed within 24 hours after 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthgay) FEMALE CAUCASIAN E)UNE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH 8. MARRIED X NEVER MARRIED ldan and completely filled in belease remove carban papers. and in any event, within 72 ha EORGES MASS DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during most of working life, even if retired.)

13d. NISIDE CITY LIMITS?

13e. STREET AND NUMBER CHEVERLY give street oddress) GEORGES HOSPITA

130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before | 13c. CITY OR TOWN | 13d. **INDUSTRY** RUERDALE 1400 MUSTAHR DRIVES Middle 15. MOTHER'S MAIDEN NAME First SWANSON The law requires that the death certificate be MR. RICHARD F. SHEA 17. INFORMANT Address SAME AS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no. or unknown) (If yes give war or dates of service) burial, crematian, ar remaval, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (e).) BETWEEN ONSET AND GEATI PART I. DEATH WAS CAUSED BY: burial-transit permit. IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate couse (o), þ DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) this certificate has been detached far use as the prior ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO T YES 🗀 the haspital or 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor of (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY Stote 21d. INJURY OCCURRED City or Town County While Not while at work director, page 3 shauld be a shauld be a shauld be filed with the Start 220. I certify that (1) (this haspital) attended the deceased from_ saw the deceased olive on_____ 19 , and that in (my) (our) apinion death occurred an the date and hour and fram the be retained causes stoted above, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS 7601 Riverdale Road, Lanham, Md NAME (Type) James W. Harding, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) 23o. BURIAL, CREMATION, BOSTON FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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450 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or Print) 3. SEX Female	First		. 1.0									
3. SEX	07		Middle		Last			2a. DATE KNOWN	Month	Doy	Yeor	2b. HOU
	Carol		Ann		Shilk	0		OF ESTI- DEATH MATED	F1-22	-69	19 4	OOan
Female	4. RACE	S. DATE OF BIRT	TH 6.	AGE (In years	IF UNDER 1 YEAR	IF UNCER		2c. DATE PRONOUN			- 7	2d. HOU
	White	2-11-19	42	last birthday) 26 YF	MONTHS OAYS	HOURS	MIN.	Month	22 22	68	19 9 .	00am
7a. BIRTHPLACE (State		. CITIZEN OF WHA		_	ARRIED NEVER A	ARRIED 🔀	9. COU	NTY OF DEATH	~~			- Court
country) PENN	SYLVAN.A	115				VORCED		ince Geo	ngo le			A
10. CITY OR TOWN OF		11. NA	ME OF HOSPITAL OR	INSTITUTION	ON (If not in haspit	ol 12a. U		CUPATION (Kind of		12b. KIN	D OF BUS	NESS OR
Upper M	anlhono	give st	reet oddress)	Mat	-7	during	most of	working life, ever	n if retired.)	INDUSTR	Υ	
13a. USUAL RESIDEN	E (Where deceased	lived, if institut	tion: Residence before	ore 13c. (1)	TY OR TOWN	13d. INSIDE CITY		13e. STREET AND N		1		1
odmission) ISTATE	4	12L COUNTY	George 's			YES N	10 🗆	5209 Ti	Iden 9	St.		
14. FATHER'S NAME	First	Middle	lo		Is. MOTHER'S M	AIDEN NAME	First	1207 11	Middle	111.	Lost	
ALFON	~	SHILK			Mag	1 WE		V. *	middio		CUS	
16g. WAS DECEASED EV			16b. SOCIAL SECURIT	V NO	17. INFORMANT	VVZ	INS		ORESS			
(Yes, no, ogrunknov	(If yes give war	r or dates of service)	INK		HOSP. RE			AUG	ZKLJJ			
No					11001. 12	10203				T A	PPROXIMATE	INTERVAL
	***** ***** ****** **		ne far (o), (b), and (WEEN ONSET	
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765	X	DUE TO, OR	AS A CONSEQUENCE	OF						100		
	ny, which gave) ate cause (a), }	(b)	DARKEN .	0.75	3081355	1000			STORE			
	derlying cause	DUE TO, OR	AS A CONSEQUENCE	OF								
last.)	(c)										
PART 2. OTHER	IGNIFICANT CONDITI	ONS CONTRIBUTII	NG TO DEATH BUT N	OT RELATE	D TO THE TERMINAL	DISEASE OR	CONDITIO	N GIVEN IN PART 1	(a)			**
Z												
190. DATE OF O	ERATION		19b. CONDITION FOR		PERATION					20	. AUTOPSY	?
2			WAS PERFORM	ED?							YES 1	NO 🗍
=		216 TIME OF I	NJURY Manth, Day, 1	'ear	21c. HOW INJURY	OCCURRED (En	iter natu	re of injury in Port	1 or Port 2, I	tem (8.)	all-liqued	
19a. DATE OF O		INDUR A N	1. 7. 00	0 60								
	CONTRIBUTING	1 . 000				MA .						
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5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of

Health prior to burial, crematian, or removal, and in any event within 72 haurs ofter death.

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director. Poge 4 should be forworded to the Chief Medical Examiner's Office olong with farm PM3. Poge

This certificate should be executed within 24 hours affer death

DICAL EXAMINER:

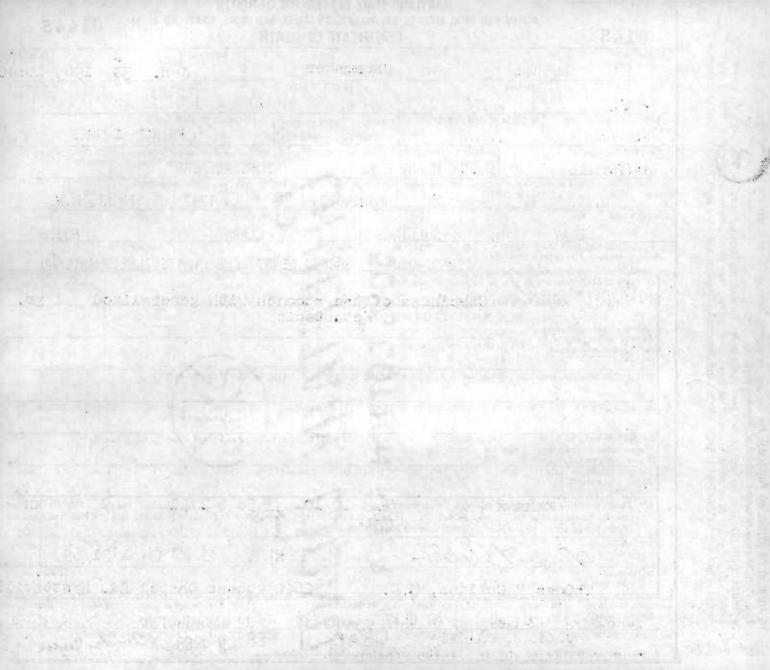
TO DEPUTY

ADDRESS FUNERAL DIRECTOR 20012 FUNERAL HOME 7400 GB. AVE.

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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0144 CERTIFICATE OF DEATH	15
±2_	CEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
unerol 1 and 2 er death.	ype or print) BLANCHE M. Shoemaker Jan. 30 1969	10:4
ours.affer	lost highday) MANTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
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	IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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70	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done duri HOUSE KEEP ER even if refired.) 12b. KIND OF BL INDUSTRY	JSINESS OR
110	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13c. CITY OR TOWN 15TATE 13c. STREET AND NUMBER 13c. CITY LIMITS?	
4	D. C. V WASHINGTON A 1742 QUE STREET, N.W	
3	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
	HENRY H. SULLINGS CLARA FOO WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address)IE
	(If yes give war or dates of service) 578-07-0264 SACRED HEART HOME HYATTSVILLE, MARYLA	(NID
		TE INTERVAL
	DADY I DEATH WAS CAUSED BY	ET AND DEATH
	IMMEDIATE CAUSE (o) Carcinoma of the stomach with generalized 1 15/, 9 DUE TO, OR AS A CONSEQUENCE OF Metastasis	yr.
3	Conditions, if ony, which gove	
	rise to immediate cause (a), (b) Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	lost. (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CER	TIFYING
X	YES NO CAUSES OF DEATH?	
,	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
	Gr Contributing Cause OF DEATH HOUR A.M. Month Doy Year Of either, notify medical examiner) P.M. 19	
	21d. INJURY OCCURRED While Of Work 1 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County at work 1 of work 1 or work 1	Stote
	22a. I certify that (I) this torpital attended the deceased from 10/10, 19 58, ta 1/30, 1969, that (saw the deceased alive an 1/24 1969, and that in (my) (our opinion death accurred an the date and haur an	1) (360) la
	saw the deceased alive an	nd tram th
	22b. SIGNATURE 22c. DATE SIGNED ATTENDING FT MED. STAFF 22c. DATE SIGNED	
	Opromas T Callins DEGREE PHYS. BU DIRECTOR LI PHYS. LI 1/31/09	vid.
/	MANE (T)	ttsvi
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01446 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN 2b. HOUR (Type or Print) ESTI-OF Page 197:15 pm M Charles William Shuniak DEATH MATED X 1-6-69 2, and 3 3. SEX 4. RACE 6. AGE (In years IF UNDER 24 HRS S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 10st birthday) 52 yr HOURS Jan 23, 1916 197:37pm M Male White 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH e Pages 1, with farm country) Pa SA WIDOWED [DIVORCED Prince George's the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) INDUSTRY Prince George Hospital Maintance Maintance co Cheverly 15 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? n 18. Gi 13e. STREET AND NUMBER Prince George's Hyattsville admission) STATE YES NO 2211 Guilford Road ofter 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First 0 John Shuniak Mary Garlick ward "pending" in pencil in the Chief Medical Examiner's haurs bages 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS executed within (Yes, no, or unknown) (If yes give war or dates of service) 209 03 1084 Hyattsville. Elizabeth E Shuniak Md. within APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Multiple lacerations and contusions of brain event DUE TO, OR AS A CONSEQUENCE OF Multiple skull fractures burial-transit Conditions, if ony, which gave rise to immediate couse (o). any certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .9 forwarded ta pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 90 or removal, used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES X NO T pe shauld be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. crematian, 7:0864 1-6- 19 69 Fell off ladder 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County -* State foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK NASA. Greenbelt. Prince George County. Md. please execute Building burial, 22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀, Inspection . Inquiry , and in my apinion death resulted fram: Accident X, Suicide , Hamicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be DEPUTY MEDICAL EXAMINER 3 **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, ar caunty) Riverdale, Md. ohn Kehoe MD the 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Special St Brigid's Cemetery Jan 10, 1969 Lilly Cambria Pa 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville Md. VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MAKILANU STATE DEPAKTMENT OF MEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01448 01454 CERTIFICATE OF DEATH last 1. DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR and 2 death. executed within 24 haurs after death funeral l and (Type ar print) Month Year 3:15AM ENE Sillery Katherine 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. ampletely filled in by the fu we carban papers. Pages 1 went, within 72 haurs after last_birthday) DAYS HOURS MONTHS CAUCASIAN Cet 88 FEMALF YRS 8. MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign GEORGE'S DIVORCED [PRINCE WIDOWED [ORK 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b, KIND OF BUSINESS OR during most af warking life, even if retired.) ampletely fi INDUSTRY HOUSEWIFE 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER APTION PRINCE GEORGE'S HYATTSVILLE YES 7 NO 8300 141 AUE burial, cremation, ar remaval, and in ally 14 FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle rem Last and MP TENDING PHYSICIAN: The law requires that the death certificate be MARGARE physician (16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 6b. SOCIAL SECURITY NO Address # 1.3 Same as CHARLES SILLERY Yes, na, ar unknawn) (If yes give war or dates of service) 077 07 6167 B APPROXIMATE INTERVAL attending permit. The 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave) signed by the burial-transit the rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause attending physician. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b Health priartab TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO TO YES T by the haspital ar 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year be detached for State Dept. of H (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Caunty State While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an 1969, and that in (_19 £ P, and that in (my) (aur) apinian death accorred an the date and hour and fram the Page 4 may be retained director, page 3 shauld shauld be filed with the causes stated abave (() Ywe) (did) (did not) view the bady after death. TO HOSPITAL OR AT 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF 31, 1969 DEGREE PHYS. PHYS. Jan. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Prince Geo. Blaza, Hyattsville, Md. Deitz 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, 23b. DATE (County) BREMOVAL (Specify) 250. REC'D BY REGISTRAR DATE

MARTLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01450 01450 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month 2b. HOUR (Type or Print) ESTIoy is Joseph Raymond Southern DEATH MATED 1 1-15-69 200a.mm 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR puo 69 Male White 12-39-1899 1910:45amm 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED [DIVORCED Prince George's Give Pages 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street address)
Prince George Gen. Hospital Bricklayer Sel-emp INDUSTRY Cheverly 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Prince YES X NO 7920 18th. George's Hvattsville 24 hours in Item 1 ond 2 14. FATHER'S NAME First Last IS. MOTHER'S MAIDEN NAME First Middle Last Snowden Southern Unknown page Examiner pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** Maryland (Yes, no, or unknown) 579-10-3489 Owenette Southern 7920 18th Avenue 72 File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND GEATH he Chief Medicol PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure minutes DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease unknown burial-tronsit Canditians, if any, which gave rise to immediate cause (a). certificate should please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause __ forworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) 0 Diabetes - over 5 years CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? YES [NO X pe should be 10 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) FUNERAL DIRECTOR: Poge NOT WHILE burial 22a. I certify that I took charge at the remains described above, held on Autopsy ... Inspection X Inquiry ond in my opinian death resulted from: Noturo Couses 150 Acciden Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1-16-69 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** 5 moy FO FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) Riverdale. the John Kehoe MD 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23d. LOCATION (City or Town) (County) (State) Culpeper National -20-1969 Ceneral Culnener 2 a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Inc. 8434 Georgia Avenue uphrey.

MARYLAND STATE DEPARTMENT OF HEALTH

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1/20	23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) FEMOVAL (Specify) FUNERAL DIRECTOR ADDRESS 250. REGIONY OF GRANGE OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
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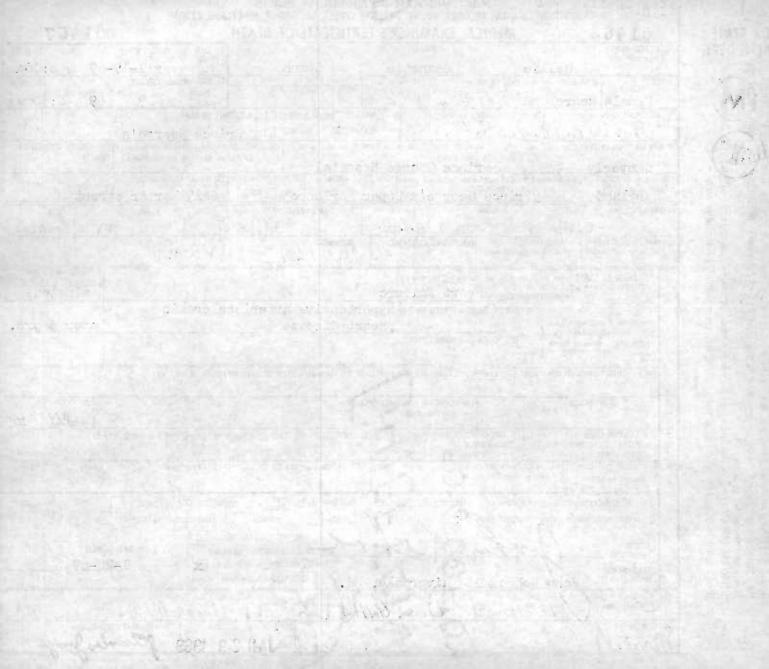
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FOR STATE		01463 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01457				
HEALTH DEPT.		ECEASED NAME First Middle Last 2a. DATE KNOWN Month	Day Year 2b. HOUR				
3 to 3 to a state of the state	,	Type or Print) Nellie Jeanette Swann OF ESTI- DEATH MATED 1-19-	-69 19 6 : 00 pm				
delay	3. S		2d. HOUR				
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	death resulted fram: Natural causes 🕱 Accident 🗍 Suicide 🔲, Hamicide 🔲, Undetermined manner						
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	MARYLAND STATE DEPARTMENT OF HEALTH
12	01464 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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The la aften has the as as as the print	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? YES NO CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 121b TIME OF INILIRY 121c HOW INILIRY OCCURRED (Figure nature of initial in part 2 from 18.)
YSICIAN: Obspital ar certificate the far un of Healt	Graph Court of Death Hour A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19
G PHYSICIAN: the haspital ar this certificate detached far ute Dept. af Heal	
DING PHYS by the has offer this ce be detache State Dept.	While of work at work at work
ENDING ned by th R: After i uld be d the State	22a. I certify that (I) (this haspital) attended the deceased from 7-17, 1968, to 7, 1969, that (I) (we) last
R: A uld	sow the deceased olive an1965, and that in (my) (our) opinion death occurred on the date and haur and fram the causes stated above, (I) (we) (did) (did not) view the body offer death.
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OR ATTENDING be retained by t DIRECTOR: After ge 3 shauld be led with the State	Clifed takes PIGREE PHYS. MED. STAFF DIRECTOR DIRECTOR DIRECTOR 1/7/69
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on,		4/2/	TO, OR AS A CONSEQUENCE OF		0			
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bur		PART 2. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DI	ISEASE OR CONDITION GIVE	N IN PART 1(a)		
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#		causes stated abave, (i) (w	e) (did) (did nat) view the l	oody after death.	(/ -			
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d b		7701-2	ISU K. L.F.	The C				/2
hou	230	BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)		CEMETERY OR CREMATORY		ON (City ar Town)	(County)	(State)
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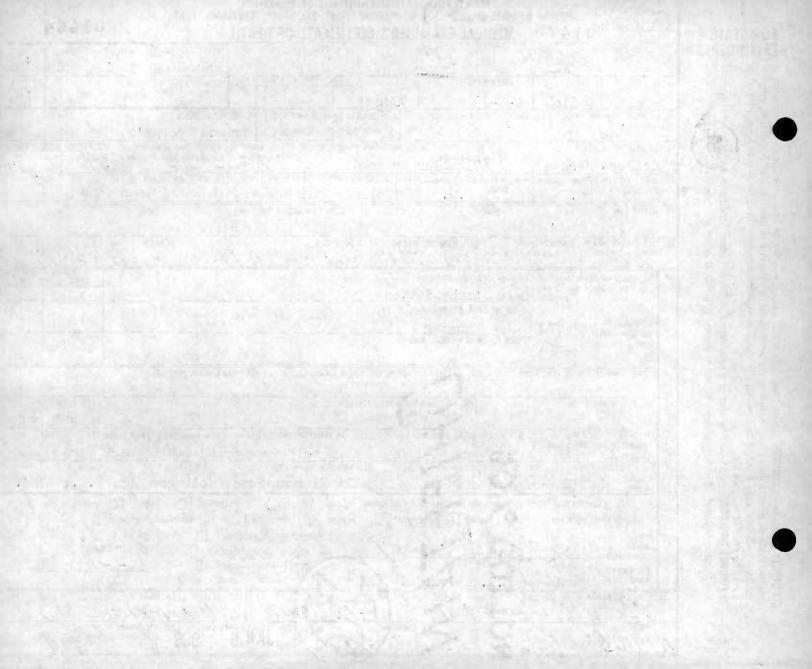
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01463 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. DECEASED-NAME HEALTH DEPT. First Middle 20. DATE KNOWN Month (Type or Print) OF ESTI-Iny delay is 2, and 3 ta PM3. Page 24 Preston DEATH MATED X Tucker Sr19 69 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD last birthday] Doy 1960 13 Dec 1892 76 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH Prince George 7b. CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED country) Maryland U.S.A. WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Prince George General during most of working life, even if retired.)
Guard INDUSTRY land 2 with the Cheverly U.S. Gov! t. in Item 18. Give 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Prince George Mt. RainieryES P NO admission) STATE 13b. COUNTY 3149 Queens Chapel Rd. after 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME Joseph Tucker Robey shauld be farwarded to the Chief Medical Examiner's pages pencil 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 10407 Inez Pl. Clinton, Md. ADDRESS (Yes, no, or unknown) (If yes give war or dates of service) Preston R. Tucker, Jr., APPROXIMATE INTERVAL be executed event within CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: permit. BETWEEN ONSET AND DEATH Gun shot wound of head min. IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate couse (o). certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse and in PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) OS or remaval. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO pe 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Yeor 3 shauld PRIMARY CONTRIBUTING 24 1969 Unknown CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) FUNERAL DIRECTOR: Page NOT WHILE I Home AT WORK ___ AT WORK 22a. I certify that I took charge of the remains described ob eve, held on Autopsy Inspection X Inquiry , ond in my opinion Natural causes Accident 7 Suicide . Homicide X Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 126-68 DEPUTY MEDICAL EXAMINER TX 5 may ro FUNE Health **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) John Kehoe, M.D., Riverdale 230 BUNAS ELIMATION, REMOVAL (Specify) Wash Nat Cem 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) PG Md Suitland. 1-27-69 Washington National 24. FUNERAL DIRECTOR Robert E. Wilhelm Funer Home 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1969 4308 Suitland Rd Suitland Maryland

MAKTLAND STATE DEPAKTMENT OF HEALTH

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2		Ttem6 Film Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1/	/13/69 kkg 1470 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01464
HEALTH DEPT.		DECEASED NAME 20. DATE KNOWN X Month	Doy Yeor 2b HOUR
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ages a for	10. 0	(ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	M. 12b. KIND OF BUSINESS OR
within 24 haurs after death pencil in Item 18. Give Pages 1, xaminer's Office along with farm ile pages land 2 with the state 72 haurs after death.		College Park give street oddress) 4714 Kiernan Road during etost of working life, even if retired.)	industry activity)
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	-	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I, DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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MIN the 4 sh ur fill e 3 se mat	ME	121d. INJURY OCCURRED 121e. PLACE OF INJURY (At home, form, street) 121f. 10CATION, Street or R. F.D. No. City or Town	County Stote
JICAL EXAMINER: Ilease execute the certification. Page 4 should estained for your files. DIRECTOR: Page 3 shour to burial, crematian,		while Not while Not while Dack yard of home 4714 Kiernan Road, College Park,	
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ro DEPUTY necessary, the funera 5 may be 10 FUNERAI Health pr	_	NAME (Type) John Kehoe M.D., Riverdale, Maryland ADDRESS(Street, city, town, or county)	
5 = 2 5 H	230	BURIAL GREMATION, 180. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL Specify Color	(County) (Stote)
N a	24.	FUNERAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR'S	SIGNATURE
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FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	105
HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Day OF ESTI-	
- + 5 79 Underwood Wali Malu A	19 M 2d. HOUR
Male White 4-23-1915 53 YRS. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	69° 19 2: ФОрт м
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14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Melvin Underwood Clara Padon	Last
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS WW (Yes,]o,]br unknown) (If yes give war or dates of service) 177–26–8805 Hill do Lindon Vice of Colinston Vice of C	d. 20735
	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
Conditions, if any, which gave rise to immediate cause (a). Stating the underlying cause last.	
	20. AUTOPSY? YES 🛣 NO
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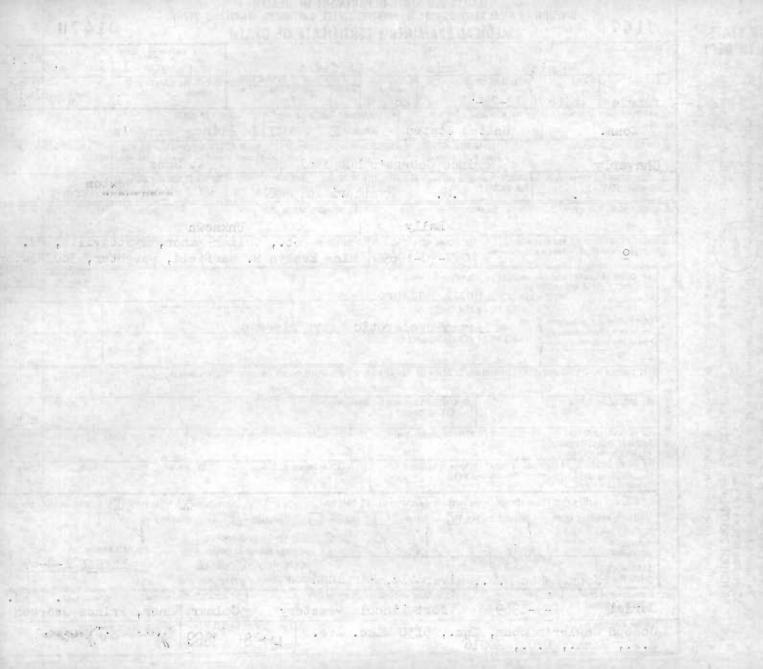
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MARYLAND STATE DEPARTMENT OF HEALTH

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18		DIVISION	OF VITAL RECORDS, 301 W	PRESTON STREET, BALTIA		D 21201		
FOR STATE	0	1476		ER'S CERTIFICATE O		(1470	
HEALTH DEPT.	1. DEC	ASED-NAME First e or Print)	Middle	Lost	20.	DATE KNOWN Month	Day Yeor 2b H	QUR ₇
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P. Or de				6 YRS.		1 , 1	Year 1969 10	I. M
- E 9	countr	THPLACE (State or foreign 7b. Conn.	CITIZEN OF WHAT COUNTRY? United States	8. MARRIED NEVER MARR WIDOWED DIVOR		nce George's		
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Give Pages and with far the State of the Sta	C	neverly	give street address). Prince Georg	ge's Hospital	during most of wo	rking life even if retired.)	INDUSTRY	
hours after death. Item 18. Give Pages 1, Office alang with farm and 2 with the State De	13a. U adn		lived, if institution: Residence before $P_{ullet}G_{ullet}$		INSIDE CITY LIMITS? 13e	STREET AND NUMBER Net	vton n Street	
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This certificate should be executed within 24 hours after death icate, writing the word "pending" in pencil in Item 18. Give Page be farwarded to the Chief Medical Examiner Office along with debe used as a burial-transit permit. He pages I and 2 with the Stat ar removal, and in any event within 72 haurs after death.		S DECEASED EVER IN U.S. ARMED FOR na Nonknawn) (If yes give work	CES? 16b. SOCIAL SECURITOR O47-20-1			Manoxportalyati field, Daught	er, 3802New	rtor
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orw.	CERTIFICATION	a. DATE OF OPERATION	WAS PERFORM	: WHICH OPERATION ED?			20. AUTOPSY?	CO.
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IINE ca sha sha file 3 sh natio	QJ 2	d. INJURY OCCURRED 21e. PLAC	TE OF INJURY (At home, farm, stree		R.F.D. Na.	City ar Tawn	County Sta	ite
bical Examiner: se execute the certivation. Page 4 shauld ned far your files. ECTOR: Page 3 should burial, cremation,		WHILE NOT WHILE TOCTOR	y, office building, etc.)					
IL EXA xecute Page far you DR: Pag		22a. I certify that I taak	charge af the remains descr	bed abayre, held an Autap	sy, Inspec	tian 💢 , Inquiry 🕱	, and in my apir	nian
se es ctor.		death resulted fram:	Natural causes 🗓 , Accid	ent 🔲 Suicide 🔲,	Hamicide	Undetermined manner		
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o DEPUTY necessary, the funera 5 may be o FUNERA Health pr		NAME (Type) John Keno	e M.D., Riverda				DUDIN I ~ O)	
necessary, please execute the funeral director. Page 4 5 may be retained far your or FUNERAL DIRECTOR: Page Health prior to burial, crem	23a.	URIAL, CREMATION, 236. DA	TE 23c. NAME	OF CEMETERY OR CREMATORY	23d. LO	ATION (City or Town)	(Caunty) Co (State) M	id.
A SORE				Lincoln Cemeter		mar Manor, Pi		s
V9 A15ME (5) A	24. F	oseph Gawler's	Sons, Inc., 513	O Wisc. Ave.	2So. REC'D BY REGISTE	1969 2Sb. REGISTRAR'S	SIGNATURE	
VR A15ME (5)		.W., Wash., D.C	., 20016		DATEAN 8'	1000 //	(1)	



		01477	DIVISION OF VITAL RECORDS,		STON STREET, BAI TE OF DEATH		, MARYLAND 21201	01471	
		CEASED-NAME First ype or print) Ruth	Middle	Webs	lost ster		ate of Death 3	Year XXXXX	26. HOUR
	3. SE	x Female	4. RACE Caucasian	5.	DATE OF BIRTH		6. AGE (In years last birthday)	MONTHS OAYS HO	URS MIN.
7	7o. E	SIRTHPLACE (Stote or foreign other) California	75. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED WIDOWED		Pri	nce George		. Md
73	10. 0	Riverdale	11. NAME OF HOSPITAL OR INS give street oddress) Eugene I.el		n hospitol 120. US during	mast of we	ATION (Kind of work done arking life, even if refired.)	12b. KIND OF BUSI INDUSTRY	NESS OR
16		USUAL RESIDENCE (Where deceos ssian) STATE	sed lived, if institution: Residence before 13b COUNTY	13c. CITY OR TO	WN 13d, INSIDE CIT	NO _	13e. STREET AND NUMBER	Avenue	
1	14. F	ATHER'S NAME First Henry	Middle Lost Marti	n l		anch		Woodm	
2	16a. Y	WAS DECEASED EVER IN U.S. ARA es, na, or unknawn) (If yes give w	MED FORCES? Var or dates of service) 16b. SOCIAL SECURITY 218-20-1	17. INF	S JEAN W	.GIB	BONS Address	SAME AS	#13
20 16 1	101	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	oly ane cause per line far (a), (b), and (c). D BY: ATE CAUSE (o) Congestive	der	nt Fai	lurs	?)	APPROXIMATE BETWEEN ONSET	AND DEATH
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X	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIF	YING
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical exami	TH HOUR A.M. Month Doy Year		INJURY OCCURRED (Er	nter noture	of injury in Port 1 or Part 2	, Item 18.)	
	MEC	21d. INJURY OCCURRED 21e. While Nat while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FACOFFICE BUILDING, ETC.		TION Street or R.F.D.	No.	City or Tawn	County	State
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		22b. SIGNATURE	Hormann	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. 220	B JAN	1969
1	1	22d. PHYSICIAN'S NAME (Type)	J. HOUMANT	1 M.D.	22e. ADDRESS	RIV	ERDALE,	MD.	
	1	BURIAL, CREMATION, 23b.	DATE N 21, 1969 WASHIM	CEMETERY OR CR	VATIONAL	5	OCATION (City or Town)	MARYLAI	Stote)
a	24	FUNERAL DIRECTOR	223QUUA ADDDECC		Vin 250. REC'I	BY SECRET	TRAP369 25b. UREGISTRAR	3 SIGNATURE	

MAKTLAND STATE DEPARTMENT OF HEALTH

Electrical College Ave. A THE STATE LAC LACE TO BE LESS THE LACE THE BEAUTION. a ships will be "the Case" in the case of

		01476	DIVISION OF V	ITAL RECORDS,	301 W. PRE	STON STREET, BALT	IMORE, MARY	LAND 21201		
	It	em#5, FilmGLO8	1/20/69 1	cm (CERTIFICA	TE OF DEATH			01472	
	1. DE	CEASED-NAME Firs		Middle		Last	20. DATE OF DE			2b. HOUR
	(1	(pe or print)	lohia	F.		Moloh		Month Da	Y Year	5,20 M
	3. SE	(4. RACE		S.	DATE OF BIRTH12/20	1882 6	AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
		F	W		VI	19+18/11/82	4	last birthday) YRS.	MONTHS DAYS	HDURS MIN.
	7o. B	IRTHPLACE (State ar foreign	76. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF DE			
1	caun	IN) Bel Alton mo	U.S.	A.	WIDOWED X	DIVORCED	PRINGS	E GEO	REE	Md.
9	10. C	TY OR TOWN OF DEATH	11. NAM	E OF HOSPITAL OR INS	STITUTION (If not i	hospitol 12o. USU	AL OCCUPATION (K	ind of work dane	12b. KIND OF B	USINESS OR
	6	INTON MD -	give str	eet address) PINE	2 Now 6		ost of warking life		Dome	STIC
	13a.	USUAL RESIDENCE (Where decedersian) STATE	sed lived, if institution	: Residence before	13c. CITY OR TO	WN 13d. INSIDE CITY I	IMITS? 13e. STREE	T AND NUMBER		
		1111)1	13b. COUNTY	ARLES		ION	0 🗆 📗			
^	14. F	ATHER'S NAME First	Middle	Lost	1S. W	OTHER'S MAIDEN NAME	irst	Middle		Last
		/OUNLE		OLDSMIT		= 12 Alerah	Wokh			
		WAS DECEASED EVER IN U.S. AF es, no, or upknown) (If yes give	war or dates of senarel	6b. SOCIAL SECURITY I	- 63	. 1/		Address		110
1		100				HAEL KEI	25 EY NT	2,LATL	ATH	ATE INTERVAL
1		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per line				0 2	. 00	BETWEEN DN	SET AND DEATH
3		1MMED	IATE CAUSE (a)	Car	duc	west -	Circula	in Cottes	40/0	Mounto
Н		Conditions, if any, which gove		A CONSEQUENCE OF		-		1	3-6	mai
		rise to immediate cause (o),	(D)	Clirc	inon	ralose	>			7,100
П		stoting the underlying couse last.	DUE TO, OR AS	A CONSEQUENCE OF	enon	a Bull	2011		1/4	V!
5		PART 2. OTHER SIGNIFICANT CO	VIOLETIONS CONTRIBUTION				CONDITION GIVEN II	N PART 1(a)	1	
8		·	nonono <u>contriborn</u>	TO DEATH DOT IN	OT KELHILD TO T	ie Tekining District Ok	CONDITION ON LINE			
	CERTIFICATION	19d. DATE OF OPERATION 198	. CONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a. AUTOPSY?	20b, 1F YE	S, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
-	IFIC					YES NO NO	CAUSES O	DEATH?		
		21a. ACCIDENT WAS UNDERLY				INJURY OCCURRED (Ente		n Part 1 ar Port 2,	Item 18.)	
	MEDICAL	DR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	Manth Day Year						
l	MEL	21d. INJURY OCCURRED 21d	PLACE OF INJURY			TION Street ar R.F.D. No	. City ar	Tawn	County	Stote
ı		While Not while at work		THE BUILDING, ETC.				1		
ı		22a. I certify that (I) (t saw the deceased	his hospitol) atten	ded the decease	ed from	, 19	, to/	/// , 19	69, that	(I) (-w e) las
ı		saw the deceased couses stoted obov	alive an	id not) viou the	96 G, and t	hat in (my) (our) op	inian death oct	urred on the d	ote and hour o	nd from the
ı		22b. SIGNATURE	re, (1) (we) (ala) ka	Id Hor) view and	body offer dec			220	DATE SIGNED	
ı		(ll	head K	Tape	nn DEGREE	ATTENDING PHYS.	MED. SIRECTOR S	TAFF PHYS.	1AN111.	1960
ı		22d. PHYSICIAN'S	0 -0/	0 - 0 -		22e. ADDRESS	TRECTOR —	1113.	771011	101
		NAME (Type)	LFRE	DRU	APINIM	1 (2	INTO	on, me	2	/
	23a.		DATE		CEMETERY OR CR	EMATORY	23d. LOCATION	(City of Town)	(Caunty)	(Stote)
1	- 1	REMIDIVAL (Specific)	1-14-69	5+ I	GNATI	15	CHAPEL	HOINT.	CHARLES	MD.
3	24.	FUNERAL DIRECTOR	20/1/	ADDRESS		2So. REC'D I	REGISTRAR	25b, REGISTRAR	SIGNATURE	2
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MARYLAND STATE DEPARTMENT OF HEALTH

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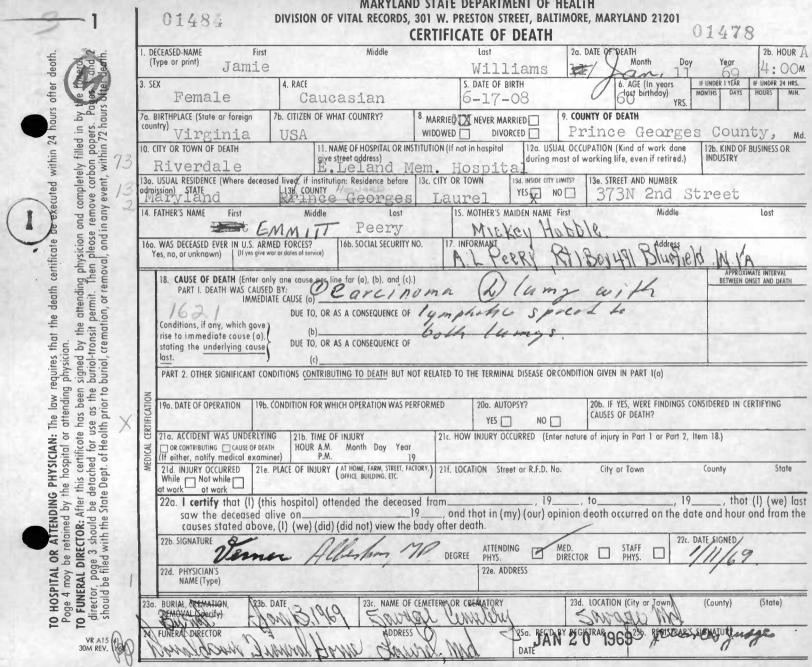
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Y FOR STATE		01481			L RECORDS, 30					ND ZIZUI	1) -C / PV	
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HEALTH DEPT.		DECEASED-NAME (Type or Print)	First		Mil	ddie	Lost		- 2	o. DATE KNOWN OF ESTI-	Month		
· 5 5 8 15 1			Lec		Р.		Whithers			DEATH MATED			9 69 2:50
g e e	3. 5	SEX	4. RACE	S. DATE O	F BIRTH	6. AGE (in years last birthday)	MONTHS DAY		24 HRS.	2c. DATE PRONOU Manth -	D	Year	2d. HOUR
D S S		M			19 1927	41YR				1	24	. 19/	48 1.3 M
5 7	7a.	BIRTHPLACE (State	or foreign	7b. CITIZEN O	F WHAT COUNTRY?		ARRIED NEVER		9. COUN	TY OF DEATH			
	COU	Pennsyl	vania	U.S	.A.			OVORCED X			Princ	e Geor	
Se	10.	CITY OR TOWN OF	DEATH		11. NAME OF HOSPIT	TAL OR INSTITUTIO	N (If not in hospi			JPATION (Kind at warking life, eve		12b. KIND OI INDUSTRY	F BUSINESS OR
the the	4	Che	verly			Prince	George	Hosp	N	ot state		No	ne
s after 18. Girls alang	13a	. USUAL RESIDENCE admission) STATE	(Where decease	ed lived, if i	nstitution: Residence			13d. INSIDE CITY		3e. STREET AND I			
17 de 2 v	7 _ °	damission) STATE	D.ofC.	13b. CUUN	IIT	Was	nington	YES 🔀 N	10 🗆	216 17	7th St.	S.E.,	
hin 24 haurs after de ncil in Item 18. Give P niner's Office alang wi pages 1 and 2 with the hours after death.	14.	FATHER'S NAME	First	N	Niddle	Lost	15. MOTHER'S /	MAIDEN NAME	First		Middle		Last
24 1 s 1 s 2 s 2		John	Wither	spoon			Este	elle Pi	lpkin	S	O Tel		
hin 24 ncil in niner's pages hours	160.	WAS DECEASED EVE	R IN U.S. ARMED	FORCES? war or dates of ser	16b. SOCIAL SE	CURITY NO.	17. INFORMANT	-172	7.55		DRESS		
nauld be executed within 24 haurs after deaward "pending" in pencil in Item 18. Give Pothe Chief Medical Examiner's Office along with Trial-transit permit. File pages 1 and 2 with the Son any event within 72 hours after death.	L	Yes, no or unknown	(II-yes give	war or dates of set	vice)		Estelle	e Withe	erspo	on-316	17th S	treet,	SE
ould be executed wir vard "pending" in pe ne Chief Medical Exan al-transit permit. File any event within 72		IB. CAUSE OF I	DEATH (Enter an	ly ane cause	per line for (a), (b),	and (c).)					199	APPRO:	ONSET AND DEATH
cute dica dica with		PART I. DE	ATH WAS CAUSED	D BY:	Unde	etermin	ed (Fina	al aut	opsy	report	:)		
Me Me		1969	, , , , , , , , , , , , , , , , , , , ,		OR AS A CONSEQU						8 9 5		
be pe iief insit		Conditions, if an		(b)									
of Ch		rise to immedia			O, OR AS A CONSEC	UENCE OF			101				
shauld be e ne ward "per to the Chief I burial-transit I in any even		last.	on in the coase	(c)									
refer. This certificate shauld be executed within 24 haurs after death certificate, writing the ward "pending" in pencil in Item 18. Give Pagnould be farwarded to the Chief Medical Examiner's Office along with es. should be used as a burial-transit permit. File pages I and 2 with the Station, ar remayal, and in any event within 72 hours after death.		PART 2. OTHER SI	GNIFICANT COND	ITIONS CONTR	BUTING TO DEATH	BUT NOT RELATED	TO THE TERMINA	L DISEASE OR C	CONDITION	GIVEN IN PART 1	(a)		
fica ing rdec as as	7	O LYGOR											
writ wall	ATIO	19a. DATE OF OP	ERATION			ON FOR WHICH O	ERATION					20. AU	TOPSY?
This certificate, writing farward be used as	CERTIFICATION				WAS PER	RFORMED?						YES	NO [
The fical be be ar ar	E.	210. EXTERNAL CA	AUSE WAS	21b. TIN	NE OF INJURY Manth,	Day, Year	21c. HOW INJURY	OCCURRED (En	nter nature	of injury in Part	1 or Port 2, I	tem 1B.)	
INER: Te certifice should be files. 3 should a grian, ar	MEDICAL	PRIMARY OR CAUSE OF DEATH	CONTRIBUTING [_ HO	UR A.M. P.M. **	< 19	21 . 25	2	-1L 0	un when	47	31	40.4
3 = s e IN	MED	21d. INJURY OCCU	JRRED 21e.	PLACE OF INJU	JRY (At hame, farm		21f. LOCATION Str			City or Town		County	State
KAMINER: te the certi je 4 should your files. age 3 shou crematian,	10	WHILE NOT AT WORK AT	WHILE TO	ctory, office b	uilding, etc.)	11777			200				
		220. 16	ertify that I t	ook charge	af the remains	described abo	re held an Ai	utonsy 😽	lnsn	ection 3	Inquiry 🔀	and i	in my apin i an
tar. Pared far CTOR: burial,	1		ulted from:				Suicide					_	ii iii, apiiiaii
ase rect rect rect rect rect rect rect rec		death res	oned nom.			1		CHIEF MEDICAL	,		o mannor		
y, ple eral di se reta tal Di prior		ACTUAL	h 1	Ma	10	my		ASSISTANT MED			22b. DATE	SIGNED	
UTY, ury, erg be be pr	- 2	SIGNATURE	116		1	-		DEPUTY MEDICA			1-2	SIGNED	69
ro DEPUTY DICA necessary, please e the funeral director 5 may be retained for FuneRAL DIRECT Health prior to bu		EXAMINER'S NAME (Type)	11	John !	Kehoe, M.	D. Riv					A FIE		
o check the the Heck Heck Heck Heck Heck Heck Heck Hec	230	BURIAL, CREMATI	ON. / 23b.	DATE			Y OR CREMATORY			OCATION (City or	Town)	(County)	(State)
F F		REMOVAL (Specifor	1 /	-31-69	1/		Memoria					1000	
	24.	FUNERAL DIRECTO			es Co. F	ADDRESS	. TEMOLIA	2Sa. REC'I	D BY REGIS	uitland STRAR 25b	REOLINA &	SICH MAK	maga
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1	It	em23 FilmGloo MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	2/	5/69 kk 01483 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1477
HEALTH DEPT.	1.0	ECEASED-NAME First Middle Last 2a DATE KNOWN Month D	ay Year 2b. HOUR
v o e +		Type or Print)	28 1808:00
	3. 5	EX 4 RACE S DATE OF RIPTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOLINED DEAD	2d HQUR
any deloy 1, 2, and 3 m PM3. Po Department		F Negro 1 June 1897 71 yrs. Months DAYS HOURS MIN Manth 1 Day 28	Year 19 69 8:30
Pop P. 2	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH	17 0 71 10 #
	coul	Virginia U. S. A. WIDOWED DIVORCED Prince George	Me
death. with the Stores	10.	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g, USUAL OCCUPATION (Kind of work done 12g)	b. KIND OF BUSINESS OR
0 00 > 111		Cheverly give street address Prince George Hosp. during most of warking life, even if retired.) N	DUSTRY Home
s ofter 18. Give olong death.	13a	USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
18. 18. 2 w		dmission) STATE Virginia COUNT Prince William Stafford YES X NO Rt 1, Box 231	
hours ofter them 18. Gi Office olong 1 ond 2 with offer death	14.	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 in 1 in 1 es 1 es 1		Arthur Holmes Lillie (Last Name Unknow	
within 24 pencil in xominer's ile pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESRt. 1,	Box 231
with per xor xor 11e 11e 172		No 579-40-2715A Mrs. Helen Harris, Staff	ord Va
ould be executed vord "pending" in the Chief Medical Estal-transit permit. Fianty event within		18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
e execute pending" of Medica sit permit		// / / IMMEDIATE CAUSE (a)	Min.
e e) ef N ef N		Onditions, if any, which gave) Onditions, if any, which gave) Arteriosclerotic heart disease	Unknown
d b rd " Chii trar		rise to immediate cause (a), (II)	Olikilowii
shauld be executed no word "pending" in the Chief Medical burial-transit permit.		stating the underlying cause DUE 10, OK AS A CONSEQUENCE OF	
INER: This certificate shauld e certificate, writing the word should be forworded to the Clifiles. 3 should be used as a burial-trainion, ar removal, and in any		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ficote ing the rided to so o los o l	7	Diabetes mellitus -over 10 yrs.	
is certific te, writin forword e used or removol,	ATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	2D. AUTOPSY?
te, for	CERTIFICATION	WAS PERFORMED?	YES NO
¥ P		21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 1 HOUR A.M. 21b. TIME OF INJURY Manth, Day, Year HOUR A.M.	18.)
cent cent noul les. shou tion	MEDICAL	CAUSE OF DEATH P.M. 19	
	W		County State
20,00		WHILE NOT WHILE TOCKORY, office building, etc.)	
DEPUTY SICAL E. cessary, pleose execu e funeral director. Par moy be retained for FUNERAL DIRECTOR: P			ond in my opinion
Se of the control of		deoth resulted from: Notural Causes . Astident ., Suicide ., Homicide ., Undetermined monner .	
TY, pleosory, pleosory, pleosory, pleosory, pleosory, pleosory, pleosory, prior to prior to		ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE SIG	ENFD
JTY Iry, erall be be pri		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	
o DEPUTY necessary, property is may be roof the funeral bear bear bear bear bear bear bear bear		EXAMINER'S John Kehbe, M.D., Riverdale, M. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, tawn, or county)	-09
ro DEPUTY the funer the funer S may be ro FUNERA Heolth pr	230		ounty) (Stote)
V. J. Landerson	B	REMOVAL (Specify / Feb. 3.69 Culpepper Nat. Cem., Culpepper, Va	
0.0		FUNERAL DIRECTOR 25b. REGISTRAR 25b. REGISTRAR'S SIG	NATURE
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1	Item6 FilmGovision of Vital RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1/16/69 kill 148 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Day Year	2b. HOUI
	(Type or Print)	:05pr
Iny delay is 1, 2, and 3 ta m PM3. Page Department of	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOU
ny delay 2, and 3 PM3. Pa	lost birthday) MONTHS DAYS HOURS MIN. Month Day Year	
any dela 1, 2, and 3 m PM3. P	Male White 16-13-1898 7077 YRS. 1 5 69 19 12 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	LL (D)
- E 0	Country) Va USA WIDOWED DIVORCED Prince George's	W
after death. 8. Give Pages 1, alang with farm with the State Deleath.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSI	NESS OR
after death 3. Give Page alang with with the Xta	give street oddress) Cheverly Prince George Hospital George Hospital Retired INDUSTRY Baker	
s after 18. Give alang with t death.	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
W = 01	odmission) State Prince George's Mt. Rainier YES NO 4013 36th. Street	
haurs Office Tand 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost	
	James Willoughby May Runquist	
within 24 pencil in camines:	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 226, 12, 4729	
within penaline Examine File pag	no 220 12 4700 Mary E Willoughby Mt Rainier, Md.	
red in F it. F hin	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	AND DEATH
xecuted nding" ii Medica! permit.	IMMEDIATE CAUSE (o) Heart lailure	
be executed "pending" in iief Medical E nosit permit. F	Out TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease unknown	
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shauld be e te ward "per a the Chief burial-transit	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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is certificate te, writing th farwarded to e used as a k remaval, and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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far far far e us	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY YES 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part L or Part 2, Item 18.)	NO 🗀
T 0 0		
vertificate the state of the st	PRIMARY OF CONTRIBUTING HOUR A.M. (AUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (At home form street 21f LOCATION Street or R.E.D. No. (it vor Town County	
XAMINER: te the certi ge 4 shauld yaur files. 'age 3 shau crematian,	The result of the second secon	Stote
EXAM ute th uge 4 yaur Page , crem	WHILE NOT WHILE foctory, office building, etc.) AT WORK AT WORK	
Pacecure Page Page Page Page Page Page Page Pag	22a. I certify that I taak charge af the remains described abave, held an Autopsy 🔀 , Inspection 🔀 , Inquiry 🔲 , and in my	apinia
SICAL Elease exect director. Parented for Director.	death resulted fram: Notifical causes 🔀 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗌	
TTY blease ry, please eral directs be retained RAL DIRECT prior to be prior to be seen as a seen	CHIEF MEDICAL EXAMINER	
Y, P	ACTUAL SIGNATURE	
DEPUTY reessary, e funeral may be FUNERAL	EXAMINER'S DEPUTY MEDICAL EXAMINER \(\overline{\text{DEPUTY MEDICAL EXAMINER}} \)	
TO DEPUTY SICA necessary, please ex the funeral director. 5 may be retained to FUNERAL DIRECTOR Health prior to bur	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
5 2 E	PEMOVAI (Specify)/	ote)
	Burial Jan 9, 1969 Ft Lincoln Cemetery Colmar Manor Pro Geo 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	rau.
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME " First Middle 2a. DATE KNOWN Month Doy Yeor (Type or Print) ESTI-Page artment of Frank Wolley 199:25pmM DEATH MATED 7-7 delay and 3 UF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3 last birthday) 11-14-1936 Negro Male 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH the State Dep ong with farm Give Pages 1, South Carolina WIDOWED [DIVORCED [U.S.A. Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR after death **INDUSTRY** give street address) during most of working life, even if retired.) Prince George Hospital Cheverly Government 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? death. 13e. STREET AND NUMBER Idary and Prince George's Beaver Heights YES NO 1607 Eastern 24 hours Jem 1 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Holman Carolina Wolley haurs .⊑ pages 4 shauld be farwarded to the Chief Medical Examiner 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT **ADDRESS** (Yes, na, or unknawn) (If yes give war or dates of service) Maomi Wolley-512 U St., NW Mother Unk. File None 72 APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) be executed BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Laceration of brain days event Trauma - struck by car DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Conditions, if any, which gave rise to immediate cause (o), certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) or remayal, nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, NO T pe 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Manth, Day, Year 3 should PRIMARY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. burial, crematian, **EXAMINER:** 3:25 pm Pedestrian struck by car 19 69 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. Na. City or Town-County State factory, affice building, etc.) FUNERAL DIRECTOR: Page 2900 block Kenilworth Ave. Prince George County, Maryland 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection x. Inquiry , and in my opinion death resulted from: Natoral causes ... Accident to Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER DC 1-13-69 **EXAMINER'S** 5 may TO FUNE Health ADDRESS(Street, city, tawn, or county) NAME (Type) Kehoe MD Riverdale 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION 23b. DATE (County) (State) REMOVAL (Spec 1-18-69 Harmony Memorial Burial ark Prince George
250. REC'D 8Y REGISTRAR 25b, REGIS 24. FUNERAL DIRECTOR T. Rhines Company Funeral Home 1969 VR A15ME (5) 3015 12th Street, N. E

MARYLAND STATE DEPARTMENT OF HEALTH

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hou hou	/a.	BIRTHPLACE (Stote or foreign ntry) Va.			8. MARRIED	MEACK MINKKIED	9. COUNTY OF	DEATH		
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The law requires th attending physician has been signed by se as the burial-tra th prior to burial, cre		PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED TO TH	HE TERMINAL DISEASE OR CO	ONDITION GIVE	N IN PART I(a)		
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The law ratending attending has been se as the th prior ta	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS P	ERFORMED	20a. AUTOPSY?		YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
The aff	RTIFI		TELESCOPIE			YES XXX NO		OF DEATH? Ye		
dar us		21a. ACCIDENT WAS UNDER		INJURY Month Day Year	21c. HOW	INJURY OCCURRED (Enter	noture of inju	ry in Port 1 or Port 2	, Item 18.)	
Parity Pitch	MEDICAL	(If either, natify medical ex	(aminer) P.M.		9			E 10000		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample director, page 3 shauld be detached far use as the burial-transit permit. Then please remove can should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event	W	21d. INJURY OCCURRED While Not while at work	21e. PLACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY,) 21f. LOCA	TION Street or R.F.D. No.	City	or Town	County	State
NG Ny th ter t e di ate		22a. I certify that (1)	(this hospital) atte	nded the deceas	ed from Ja	n 7. 1969	e to Ja	n. 8. 1	9 69 that	M (we) last
NDI Sd b d b d b		22a. I certify that (b) saw the decease	d alive on Jan.	8,	19_69, and t	hot instant) (aur) apir	nian death o	occurred an the o	date and haur o	ind from the
TI day		causes stated a	ovex() (we) (did)	did net) view the	bady after dec	ith.				
OR ATTENDING be retained by th SIRECTOR: After i e 3 shauld be d ed with the State		22b. SIGNATURE	Jan X		DEGREE	ATTENDING MI	ED. RECTOR	CTACE	. DATE SIGNED	1060
be b		22d. PHYSICIAN'S	mi (onche)	9	DEGREE	PHYS. DI	RECTOR L	PHYS. XX	Jan. 9	, 1969
RAIL Be be		NAME (Type)	uis Bentol:	ila M D		Prince Geo.	Cont1	Unani tal	Chorani-	Md
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